

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

4922

1. PLACE OF DEATH

County Jackson Registration District No. 203 File No. _____
 Township Kaw Primary Registration District No. 1043 Registered No. 785
 City Kennett (No. 2309 Summit) St. _____ Ward _____

2. FULL NAME

LUZ NOYOB
 (a) Residence. No. 2309 Summit St. 3 Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 15 1895</u>		
7. AGE <u>36</u>	YEARS <u>9</u>	MONTHS <u>mo</u>
	DAYS <u>9</u>	If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>235</u> (c) Name of employer _____		
9. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTRY) <u>18</u>		
PARENTS	10. NAME OF FATHER <u>Pablo Ramirez</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTRY) _____	
	12. MAIDEN NAME OF MOTHER <u>Luz Ramirez</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTRY) _____	
14. INFORMANT <u>Mrs Ramirez</u> (Address) <u>2309 Summit</u>		
15. FILED <u>2/25 32 M. M. Crowe</u> REGISTRAR		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 24 1932

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1932, to Feb. 24, 1932 that I last saw her... alive on Feb. 22, 1932 and that death occurred, on the date stated above, at 3 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia

(duration) yrs. mos. 8 da.

CONTRIBUTORY (SECONDARY) 108
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 0
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical symptoms
 (Signed) Medical Examiner, M. D.
Feb. 25, 1932 (Address) 2025 Broadway

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>St Marys</u>	DATE OF BURIAL <u>Feb 25 1932</u>
20. UNDERTAKER <u>Kettler's</u>	ADDRESS <u>city</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECORDING—THIS IS A PERMANENT RECORD

