

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

DO NOT use this space.

12804

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. _____
 Township Kear Primary Registration District No. 1003 Registered No. 17415
 City Kennett (No. Kennett) Kennett St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 616 E 5th St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 43 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 <u>Pete Garcia</u>		6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE	YEARS <u>45</u>	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>sew</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois 2</u>				
MOTHER	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 31</u>			
	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT <u>Record Clerk</u> (ADDRESS) <u>Kennett City Kennett Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Seeds</u> DATE <u>4-27</u> 19 <u>32</u>				
19. UNDERTAKER <u>Lapetina</u> (ADDRESS) <u>no</u>				
20. FILED <u>4/27</u> 19 <u>32</u> <u>m. m. Grove</u> <u>Asst Registrar.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-24-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-21-1932 to 4-24-1932
 I last saw him alive on 4-24-1932 Death is said to have occurred on the date stated above, at 1:10 a. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset _____
131
132
 Other contributory causes of importance:
arteriosclerotic nephritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify P. E. Williams, M. D.
 (Signed) Ken Hempt R. C. M.
 (Address) _____

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

