

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

Do not use this space.

17780

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No. 781
City..... (No. City Hospital District)

File No.....
Registered No. 4734
St..... Ward.....

2. FULL NAME Armando Garcia

(a) Residence, No. 1319 Blair St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28-1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.

6 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nihil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) St Louis Mo

FATHER 13. NAME Jessie Garcia

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER 15. MAIDEN NAME Aurora Mendocia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Jessie Garcia
1319 Blair

18. BURIAL, CREMATION, OR REMOVAL PLACE CADWARY DATE May 14 1932

19. UNDERTAKER (ADDRESS) Bennet Highau

20. FILED MAY 17 1932 Miss C. Stankley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from No Physician in Attendance, 1932, to 1932.

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 10²⁵ a.m.

The principal cause of death and related causes of importance were as follows:

Bronch-pneumonia
107A (Primary)
Other contributory causes of importance:
107A

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no

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.....
(Signed) J. W. Ferner M.D.
(Address) 107A

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.

1882
49
1931