

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

Do not use this space.

19724

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Kans Primary Registration District No. _____
 City Kansas City, Mo (No. St. Marys Hospital St. _____ Ward)

File No. _____
 Registered No. 2534

2. FULL NAME

Antonio Cervantes
 (a) Residence, No. St. Marys Hosp. Ward. _____
 (Usual place of abode)

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 M 4. COLOR OR RACE Wh. 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) Nov. 18 99

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
33

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laundry worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 239
 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) Mexico 18

13. NAME Celso Cervantes

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

15. MAIDEN NAME Loreta Males

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

17. INFORMANT Jose Cervantes
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary Cem. DATE 6-27-1932

19. UNDERTAKER Peter B. Papetina
 (ADDRESS)

20. FILED 6/27 1932 M. M. Crowe
asm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/26 1932

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____.

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

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

Acute myocardial infarction
1630 / 1030
 Other contributory causes of importance: (3) (7)

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 6/23/32
 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) Antonio Papetina, M. D.
 (Address) Depts. Cem.

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.

**MISSOURI STATE BOARD OF HEALTH
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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City F. City (No.....)

Registration District No. 399
Primary Registration District No. 1002

File No.....
Registered No. 2334 St. Ward.....

2. FULL NAME

Ariton's Curvantes

(a) Residence, No. St. 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 26 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 x 7 unk

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 6/27 1932 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at..... m.

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

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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