

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

Do not use this space. C

23101

**1. PLACE OF DEATH**

County Jackson Registration District No. 400  
 Township Prairie Primary Registration District No. 5553B  
 City Little Blue (No. Jackson) C. Home St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 131

**2. FULL NAME** Valente Mejia

(a) Residence, No. Jackson Land City Home 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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-21-1888</u>					
7. AGE YEARS <u>44</u>		MONTHS <u>2</u>		DAYS <u>10</u>	
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>Labourer 25?</u>					
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) <u>Mexico</u>					
13. NAME <u>Unknown</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					
15. MAIDEN NAME <u>Unknown</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>					
17. INFORMANT <u>J. W. Hostetter</u>					
18. BURIAL, CREMATION, OR REMOVAL <u>Interment at St. Peter's</u>					
19. UNDERTAKER (ADDRESS) <u>Hetter 2657 Endless</u>					
20. FILED <u>Aug 5 32</u> <u>William Fields</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-31-1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to 7-31, 1932  
 I last saw him alive on 7-29, 1932 Death is said to have occurred on the date stated above, at 5 P.m.  
 The principal cause of death and related causes of importance were as follows:  
mitral regurgitation Date of onset \_\_\_\_\_  
92A  
 Other contributory causes of importance:  
Cholera  
 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 \_\_\_\_\_  
 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. W. Green M. D.  
 (Address) Independent, Mo

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. AUG 3 1932

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