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

Do not use this space.

26085

File No.

Registered No. 253

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398

Township Blue — Primary Registration District No. 5554

City Courtney (No. Mexican Flats Courtney, Mo. St. Ward)

2. FULL NAME Faustino Garcia

(a) Residence. No. Courtney Mo St., Ward. Courtney, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 23 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	Mexican	Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 7-29-1932

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	0	0	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work XXXXXXXXXXX

(b) General nature of industry, business, or establishment in which employed (or employer) XXXXXXXXXXX

(c) Name of employer XXXXXXXXXXXXX

9. BIRTHPLACE (CITY OR TOWN) Courtney.
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Simon Garcia

11. BIRTHPLACE OF FATHER (CITY OR TOWN) XXXXXX
(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER Maria Olvera

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) XXXXXXX
(STATE OR COUNTRY) Mexico

14. INFORMANT Simon Garcia
(Address) Courtney, Mo.

15. FILED Aug 9, 1932 F. H. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-8-1932 19

17. I HEREBY CERTIFY, That I attended deceased from Aug 8, 1932, to ....19.... that I last saw him alive on Aug 8, 1932, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis
Cause 129
Reason 141D
(duration) ....yrs. 8 mos. ....ds.

CONTRIBUTORY (SECONDARY) Infection of Umbilical Cord
(duration) ....yrs. ....mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ....

0 DID AN OPERATION PRECEDE DEATH? no DATE OF ....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? ....

(Signed) Fred W. Klink, M. D.

8-9, 1932 (Address) 10235 Independence Rd.

*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	DATE OF BURIAL
Courtney Cemetery	8-9-1932

20. UNDERTAKER STAHL'S FUNERAL HOME INDEPENDENCE, MO. — ADDRESS