

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

Do not use this space.

31512

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township \_\_\_\_\_ Primary Registration District No. 1001  
 City St. Joseph (No. Sunnyslope Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 1013

**2. FULL NAME** Adolphul Reveria

(a) Residence, No. 2538 south 11 street 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 Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September 27, 1928</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	<u>0</u>
		<u>22</u>
	If LESS than 1 day, _____ hrs. _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At Home</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 _____
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Joseph Missouri</u>	
	13. NAME <u>Joseph Reveria</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mexico</u>	
	15. MAIDEN NAME <u>Joseph Garcia</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Mexico</u>	
	17. INFORMANT <u>Mrs. Josephine Reveria</u> (ADDRESS) <u>2538 south 11 st St Joseph Mo.</u>	
	18. BURIAL, CREMATION, OR REMOVAL <u>Mt Olivet Cemetery</u> PLACE <u>St Joseph Mo.</u> DATE <u>Oct. 20</u> 19 <u>32</u>	
	19. UNDERTAKER <u>A. O. Siderfaden</u> (ADDRESS) <u>1802 Union st St Joseph Mo</u>	
20. FILED <u>10-20</u> 19 <u>32</u> <u>John R. Bender</u> Registrar		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 19 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 19 1932 to Oct 19 1932  
 I last saw him alive on Oct 17 1932 Death is said to have occurred on the date stated above, at 8:30A.m.

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

Acute meningitis 10/10/32  
Secondary  
 Other contributory causes of importance: Guano-Intubation 10/2/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) Feodor S. Gunderson, M.D.  
 (Address) 216 1/2 W. 11th Ave.

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.

NOV 21 1932

DEPARTMENT RECORD

