

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.

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

Do not use this space.

34849

**1. PLACE OF DEATH**

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

File No. \_\_\_\_\_  
 Registered No. 1114

**2. FULL NAME** Phyllis June Garcia.

(a) Residence, No. 1702 South 9th 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. 3 mos. 14 ds. How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Mexican. 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) August 5, 1932.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
0 3 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.  
 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) St. Joseph (STATE OR COUNTRY) Missouri.

MOTHER 13. NAME Joe Garcia.

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

15. MAIDEN NAME Mary Eagy.

16. BIRTHPLACE (CITY OR TOWN) St. Joseph. (STATE OR COUNTRY) Missouri.

17. INFORMANT Joe Garcia. (ADDRESS) 1702 South 9th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet Cemetery DATE Nov 21 1932

19. UNDERTAKER St. O. Siderupaden. (ADDRESS) 1802 Union Street.

20. FILED 11-20 1932 John R. Borden Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932 to Nov 19, 1932

I last saw h. or alive on Nov 18, 1932 Death is said to have occurred on the date stated above, at 5:00A m.

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

Marasmus (Atresia)  
Acute Intestinal Indigestion

Date of onset 11-11-32  
 Birth \_\_\_\_\_

Other contributory causes of importance \_\_\_\_\_

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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? Yes  
 If so, specify \_\_\_\_\_

(Signed) W. R. Mason, M. D.

(Address) St. Joseph Mo

