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

Do not use this space.

File No. 1267

Registered No. 29

1. PLACE OF DEATH

48 County JACKSON

Township BLUE

City CEMENT CITY (No. 75-B CEMENT CITY St. Ward)

Registration District No. 398

Primary Registration District No. 5554

2. FULL NAME JESUS MARIA TORREZ

(a) Residence, No. 75 B CEMENT CITY St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 4 mos. 7 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 INFANT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-11-1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
0	4	7	

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. INFANT

10. Date deceased last worked at this occupation (month and year) XXXXXXX

11. Total time (years) spent in this occupation XXXX

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) CEMENT CITY, MO.

FATHER

13. NAME CECIL TORREZ

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

MOTHER

15. MAIDEN NAME LUZ GUTIERRES

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

17. INFORMANT CECIL TORREZ
(ADDRESS) 75 b CEMENT CITY MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE ST. MARYS DATE JAN. 19, 1933, 19

19. UNDERTAKER STAHL'S FUNERAL HOME
(ADDRESS) 815 W. MAPLE AVE. INDEP. MO.

20. FILED Jan. 19, 1933 Dr. F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 18, 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1933, to 1-18-33, 19

I last saw him alive on 1-17, 1933. Death is said to have occurred on the date stated above, at 1:00 A.m.

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

	Date of onset
Lobar Pneumonia	1-13-33
Influenza	?

Other contributory causes of importance:

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?

If so, specify

(Signed) Independence, M. D.

(Address) Missouri

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

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