

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

Do not use this space.

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1. PLACE OF DEATH
 County Jackson Registration District No. 398
 Town Blues Primary Registration District No. 3049
Independence (No. Judy Santarum St. _____ Ward) _____

2. FULL NAME Rachel Lopez
 (a) Residence, No. Cottage 55 Edmont 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 60
 St. _____ Ward _____

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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1922

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>0</u>	<u>7</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Fort Madison Iowa

MOTHER FATHER

13. NAME Leocadio Lopez

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

15. MAIDEN NAME Carmen Sanchez

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) old Mexico

17. INFORMANT (ADDRESS) Leocadio Lopez Cottage 55 Edmont

18. BURIAL, CREMATION, OR REMOVAL PLACE Courtney Cemetery DATE 2-17-33

19. UNDERTAKER (ADDRESS) Central Funeral Home Independence Mo

20. FILED Feb 20 1933 Dr. F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1933 to 2-15-1933

I last saw her alive on 2-14-1933. Death is said to have occurred on the date stated above, at 12:54 a.m.

The principal cause of death and related causes of importance were as follows:
Left lobar pneumonia (upper) followed by right lobar - and followed again by a lower left lobar.

Other contributory causes of importance: none

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Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Chas E. Hickson, M. D.
 (Address) Independence

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.

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