

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **7120**, **Minnesota**)

File No. **11567**
Registered No. **2643**
St. Ward)

2. FULL NAME

(a) Residence, No. **7120 Minnesota** St., **1** 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 <i>Female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widowed</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Mendez</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 3 - 1900</i>				
7. AGE	YEARS <i>32</i>	MONTHS <i>3</i>	DAYS <i>14</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Housewife</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Spain</i>			
	13. NAME <i>Joseph Varela</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Spain</i>			
MOTHER	15. MAIDEN NAME <i>Genoveva Grana</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Spain</i>			
	17. INFORMANT <i>Joseph Varela Jr</i> (ADDRESS) <i>7120 Minnesota</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Mont Hope Ceme</i> DATE <i>Mar. 20</i> 19 <i>33</i>				
19. UNDERTAKER <i>Joe B. Finkler Jr</i> (ADDRESS) <i>7128 Michigan</i>				
20. FILED <i>MAR 19 1933</i> <i>Shep C. Stanley</i> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-17*, 19*33*.

22. I HEREBY CERTIFY, That I attended deceased from *3-15*, 19*33* to *3-17*, 19*33*.
I last saw h. or alive on *3-17*, 19*33*. Death is said to have occurred on the date stated above, at *4:30* p.m.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
100
108
Other contributory causes of importance:

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?.....
If so, specify *Charles Eblers*, M. D.
(Signed) *Charles Eblers*, M. D.
(Address) *910 1/2 Broadway*

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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