

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

Do not use this space.

26360

1. PLACE OF DEATH

County Jackson
Township Blue
City Lead Station (No. 10)

Registration District No. 389
Primary Registration District No. 100

File No. 3490
Registered No. 3490
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1505 Locust St., _____ Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Mr. Phillipine</u>	4. COLOR OR RACE <u>Single</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-4-1904</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>0</u>
	DAYS <u>24</u>	IF LESS than 4 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Draftsman</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
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phillipine Island</u>		
MOTHER / FATHER	13. NAME <u>Agapita Reurreccion</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phillipine Island</u>	
	15. MAIDEN NAME <u>Niece - Clara</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Phillipine Island</u>	
17. INFORMANT (ADDRESS) <u>J. B. Fisher - Lead Station</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mary's</u> DATE <u>Sept. 5, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>A. P. Doshler 1415 East 15</u>		
20. FILED <u>9-3</u> 19 <u>33</u> <u>M. M. Grove</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-28 1933

I HEREBY CERTIFY, That I attended deceased from Aug-13 1933 to Aug-28 1933

I last saw him alive on Aug-28 1933 Death is said to have occurred on the date stated above, at 9 p. m.

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

Pulmonary Thrombosis
surgeon
28
Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Sputum 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? _____

If so, specify _____
(Signed) Paul C. Platt _____, M. D.
(Address) 11. C. Sub. Hosp

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

W. W. Buckingham -

Prof Bell -