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.

OCT 20 1933

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

Do not use this space.

28796

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 898

City St. Joseph, (No. Sunnyslope Hospital St. Ward)

11 5 9

2. FULL NAME Marie Guardado

(a) Residence, No. 115 East Buffallo Str St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. 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)
Female	Mexican	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May. 9. 1916.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	17	4	0	

OCCUPATION

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

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) Herrington, Kansas.

FATHER

13. NAME Hercualno Guardado

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

MOTHER

15. MAIDEN NAME Margaret Cardona

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Old Mexico

17. INFORMANT (ADDRESS) Margaret Guardado 115 East Buffallo Street

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemt

PLACE St. Joseph, Mo. DATE Sept. 11th 1933

19. UNDERTAKER (ADDRESS) N. O. Sidenfaden 1802 Union Street

20. FILED 9-9- 1933 John R. Bonder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September. 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct, 1932 to Sept 9, 1933

I last saw her alive on sept 8, 1933 Death is said to have occurred on the date stated above, at 8. a. m.

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

Pulmonary T. B. — Date of onset

23A

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? X-Ray Clinical Laboratory — 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? No

If so, specify

(Signed) A. J. Smith, M. D.

(Address) N & S Bldg

[illegible]

[illegible]

[illegible]