

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.

APR 25 1934

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

File No. 11288
Registered No. 3190
St. St. Louis Ward 71

2. FULL NAME

(a) Residence, No. 1734 Poplar St., N.R. Ward, Granite City, Ill.
(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. 36 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ? ? 1889

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>45</u>	<u>?</u>	<u>?</u>	

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

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) Mexico

FATHER 13. NAME Jose Maria Jelles

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

MOTHER 15. MAIDEN NAME Catalina

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

17. INFORMANT H. Gonzalez
(ADDRESS) 4049 Humboldt Bn

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mar 30 1934

19. UNDERTAKER Arthur J. Connally, Inc.
(ADDRESS) 3842 Grand B

20. FILED 3 31 1934
J. J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 29 1934

22. I HEREBY CERTIFY, That I attended deceased from March 20 1934, to March 29 1934
I last saw h. e. r. alive on 5 - 29 1934. Death is said to have occurred on the date stated above, at 5:15 A.M.
The principal cause of death and related causes of importance were as follows:
Acute Military Tuberculosis Date of onset

Other contributory causes of importance: 372

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.....
(Signed) Charles DeLeon Palkins, M. D.
(Address) Barnard Hospital

