

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

Do not use this space.

24843

**1. PLACE OF DEATH**

County Jackson Registration District No. 333  
 Township Kennett Primary Registration District No. D-2  
 City Kennett (No. Gen Hospital) St. Mo. Ward

**2. FULL NAME**

Jesus Charro  
 (a) Residence No. 814 Cass St., Ward. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

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

7. AGE YEARS about 35 MONTHS 0 DAYS 0 If LESS than 1 day, .....hrs. or .....min.

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

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Smith & Co. Kennett City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 7/27 1934

19. UNDERTAKER (ADDRESS) Daniel P. Brown

20. FILED 7-26-1934 M. M. Carson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY AND YEAR) 10/13/34 1934

22. I HEREBY CERTIFY That I stated deceased from Heart Protrusion 1934

I last saw live on 1934 Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows: Heart Protrusion Date of onset 191

Other contributory causes of importance: 191

Name of operation Autopsy Date of 10/13/34

What test confirmed diagnosis Autopsy Were an autopsy

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Autopsy Date of injury 10/13/34

Where did injury occur Autopsy (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Autopsy Nature of injury Autopsy

24. Was disease directly or indirectly related to occupation of deceased? Autopsy

If so, specify Autopsy (Signed Autopsy, M. D.)

(Address Autopsy)

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.

AUG 21 1934

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