

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.

No history

OCT 17 1934

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

Do not use this space.

32775

1. PLACE OF DEATH

County *Jackson*
Township *Blue*
City *Manassas City* (No. *7B Hosp*)

Registration District No. *385*
Primary Registration District No. *1007*

File No. *4111*
Registered No. *4111*
St. _____ Ward _____

2. FULL NAME

Quirio Leto
(a) Residence, No. *1372* W. 5th St. St. _____ 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>M-</i>	4. COLOR OR RACE <i>Mexican</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Erlinda - Quirio</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<i>Adult</i>	<i>54</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>None</i>				
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)	
<i>Don't know</i>	
MOTHER	FATHER
13. NAME	<i>Don't know</i>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Don't know</i>
15. MAIDEN NAME	<i>Don't know</i>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<i>Don't know</i>

17. INFORMANT *H. C. J. B. Hosp.*
(ADDRESS) *Reds Station*

18. BURIAL, CREMATION, OR REMOVAL
PLACE *Reds MO* DATE *9-6-34*

19. UNDERTAKER *City B. Leto*
(ADDRESS) *236 Campbell*

20. FILED *9/6* 19 *34* M. *Corome*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept-4* 1934
22. I HEREBY CERTIFY, That I attended deceased from *May 15* 1934, to *Sept 4* 1934
I last saw him alive on *Sept-2* 1934. Death is said to have occurred on the date stated above, at *2:45* p.m.

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

Pulmonary tuberculosis
23A
Other contributory causes of importance
None

Name of operation *None* Date of _____
What test confirmed diagnosis? *negative* 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? *No*
If so, specify _____
(Signed) *J. K. Corome* M. D.
(Address) *1111 T. M. Corome*
Reds, Mo.

