

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.

1895

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

Do not use this space.

39704

1. PLACE OF DEATH

County Tipton
Township Randy
City Sauvado City, Mo

Registration District No. 399
Primary Registration District No. 1002
No. 2124 Mercier

File No. _____
Registered No. 5698
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2124 Mercier 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 Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write this word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 - 1872

7. AGE YEARS 62 MONTHS 8 DAYS 6 IF LESS than 1 day, hrs. or min.

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

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) Unknown

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) M. Gutierrez 2302 Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE Jan 1935

19. UNDERTAKER (ADDRESS) Walter ...

20. FILED Jan 31 1935 M. M. Cromwell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 25 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 17 1934 to Nov 24 1934

I last saw him alive on Nov 24 1934. Death is said

to have occurred on the date stated above, at 7:00 A.M.

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

Lobar Pneumonia Date of onset Nov 22 1934

108

Other contributory causes of importance: 108

none

Name of operation none Date of _____

What test confirmed diagnosis? T-ray 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) M. Gonzalez M. D. (Address) 7802 S. W. Blvd K.C. Mo.

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