

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

Do not use this space.

42858

JAN 18 1935

1. PLACE OF DEATH

County Jackson Registration District No. 359
Township Kan Primary Registration District No. 1002
City Lambert (No. General Hospital)

File No.
Registered No. 5204
St. 5204 Ward)

2. FULL NAME

(a) Residence, No. 2409 Hally St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 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 Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-24-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
16 1 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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

MOTHER 13. NAME Julian Hernandez

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

15. MAIDEN NAME Sophia

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

17. INFORMANT (ADDRESS) Reparat Clark
R. B. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec 18 1934

19. UNDERTAKER (ADDRESS) Peter B. Sapalinas
536 Campbell St. Calv.

20. FILED Dec 5 1934 M. M. Cerone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-2-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-26-1934 to 12-2-1934
I last saw him alive on 12-2-1934 Death is said to have occurred on the date stated above, at 12:30P m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis with Tuberculous enteritis Date of onset 23A
Other contributory causes of importance: g

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? yes

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) P. F. De Maria M. D.
(Address) Asst. Sup't R. B. General Hosp.

