

MAY 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township New
City N. O. Mo. (No. 4306 Myrtle)

Registration District No. 399
Primary Registration District No. 1002

File No. 15-140-a
Registered No. 1848
St. _____ Ward _____

2. FULL NAME

Joseph Otto Rodriguez
(a) Residence, No. 4306 Myrtle 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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
47 9 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. auto painter
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 Bernardo Rodriguez

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

15. MAIDEN NAME unknown

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

17. INFORMANT Bernice Rodriguez (ADDRESS) 4306 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE April 26

19. UNDERTAKER Mrs. C. A. Foster (ADDRESS) 418 Broadway

20. FILED Apr 7 1936 M. D. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4 - 4 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 4 - 4 - 1936 to 4 - 7 - 1936

I last saw him alive on 4 - 6 - 1936. Death is said to have occurred on the date stated above, at 7:45 a.m.

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

Bronchial Pneumonia
Other contributory causes of importance: Calc.

Name of operation _____ Date of _____

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) M. D. Cron M. D.
(Address) 200 Ogden Bldg

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.

P. M. Perkins