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.

MAY 7 1936

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

Do not use this space.

791

17566

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 17566

Township ..... Primary Registration District No. ..... Registered No. 4348

City ..... (No. City Hosp. ..... St. ..... Ward)

B-965

2. FULL NAME Cora Hortiz

(a) Residence, No. 3854 St. Ward 24 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1863

7. AGE YEARS 73 MONTHS Unknown DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Louisiana

FATHER

13. NAME John Schiffer

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hosp Sup Mech City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE Apr 22 1936

19. UNDERTAKER (ADDRESS) W. C. Mondell 1926 Allen

20. FILED APR 21 1936 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/20/36 19.

22. I HEREBY CERTIFY, That I attended deceased from 4/19, 1936, to 4/20/36, 19.

I last saw her alive on 4/20, 1936 Death is said to have occurred on the date stated above, at 10:05 a.m.

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

Lobar Pneumonia (Right) — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) E. P. Nelson, M. D.

(Address) City Hosp.