DEC 18 1936

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

Do not use this space.

41002

1. PLACE OF DEATH
County Greene
Township Campbell
City ~~Springfield~~ (No. 1 U. S. Hosp DD St. Ward)
Registration District No. 318
Primary Registration District No. 5440
File No.
Registered No. 0933

2. FULL NAME ROJAS, Lazaro
(a) Residence, No. Federal Hospital 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. 6 mos. 23 ds. How long in U. S., if of foreign birth? 22 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) Dec 7, 1908
7. AGE ✓ YEARS 27 MONTHS 11 DAYS 3 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
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. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

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

FATHER
13. NAME Antonio Rojas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Guadelupe Rosalez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Deceased
18. BURIAL, CREMATION, OR REMOVAL
PLACE Las Llanos Springfield, Mo DATE 11/12/36, 19
19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri
20. FILED 11-12, 1936 Chas A George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10, 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from Apr. 18, 1936, 19, to Nov. 10, 1936, 19
I last saw him alive on Nov. 10, 1936, 19 Death is said to have occurred on the date stated above, at 11:05 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1935

Other contributory causes of importance:
Same

23

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) E. W. Green, Asst. Surgeon, M. D.
(Address) Clinical Director, USHDD, Springfield, Missouri.

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.

100M-3-28-35