

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Johnson
City Randall (No. 163)

Registration District No. 399
Primary Registration District No. 1002

File No. 9780
Registered No. 1100 St. _____ Ward _____

2. FULL NAME

Mrs. Wilbur Lara
(a) Residence, No. 713 - West 23 St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
22 9 2

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

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) Okla. Mo.

13. NAME Mr. Francisco Mendez

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

15. MAIDEN NAME Marie Antonia

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

17. INFORMANT (ADDRESS) H. C. M. T. Hospital Feed

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE Mar. 30 - 37

19. UNDERTAKER (ADDRESS) Mrs. C. L. Farster

20. FILED Mar 28 37 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 - 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25, 1937, to 3 - 27, 1937

I last saw her alive on 3 - 27 pm 1937. Death is said to have occurred on the date stated above, at _____ m.

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

pulm. tuberculosis
23

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) W. W. Gresham M.D.
(Address) Randall City Mo.

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.

