

MAY 20 1937

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

Do not use this space.

16398

1. PLACE OF DEATH

County Greene
Township S Campbell
City Springfield (No. 1)

Registration District No. 318
Primary Registration District No. 5440
US Federal Hospital

File No. 0315
Registered No. 0315
Ward 1

2. FULL NAME DEGALLADO, Margarito

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

Length of residence in city or town where death occurred yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? 28 yrs. ? mos. ? ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mrs. Coca Degallado

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1887

7. AGE YEARS 49 MONTHS 10 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

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. ?
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 Degallado

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

15. MAIDEN NAME Gildovrra Degallado

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

17. INFORMANT Deceased
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Houston Texas DATE April 15, 1937

19. UNDERTAKER Alma Lohmeyer Funeral Home
(ADDRESS) Springfield, Missouri

20. FILED Apr 14, 1937 Chas A George
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 12, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 11, 1937, 19, to Apr. 12, 1937, 19.

I last saw him alive on Apr. 12, 1937, 19. Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Pneumococcic (Type I & II) Meningitis Date of onset 4-11-37

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis Laboratory Was there an autopsy? No

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? NO
If so, specify _____

(Signed) T. H. Smith M.D., Surgeon, Clinical Director, USHDD, Springfield, Mo.
(Address) _____

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRING is very important.

