

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

Do not use this space.

1412

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Yean Primary Registration District No. 1002
City Kansas City (No. 7 Gen Hosp)

File No. _____
Registered No. 100
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2340 Madison Ward. 624
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-3-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo

FATHER 13. NAME John Arzola

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

MOTHER 15. MAIDEN NAME Julia Mc Gillis

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

17. INFORMANT De wra Clerk
(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL Delway Cem 1-8-38
PLACE DATE

19. UNDERTAKER De wra Clerk
(ADDRESS) _____

20. FILED Jan 8 1938 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1938

I HEREBY CERTIFY that I attended deceased from Jan 3 1938, to Jan 7 1938

I last saw him alive on Jan 7 1938 Death is said to have occurred on the date stated above, at 9:40 a.m.

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

Pneumococic meningitis (Date of onset) (107a)

Other contributory causes of importance: Bunchepneumonia

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) P. H. De Maria, M. D.
(Address) Dept. of Gen. Hosp. Insp. Cm.

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.

RECEIVED

FEB 19 1938

DEPARTMENT OF HEALTH STATISTICS
NATIONAL BOARD OF HEALTH