

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan

Registration District No. 85

Township

Primary Registration District No. 1001

City St. Joseph (No. 7443)

File No. 2102  
 Registered No. 83  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 7443 St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) Nov 12 - 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 2 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child  
 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) St. Joseph Mo

13. NAME Mauricio Barbosa

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

15. MAIDEN NAME Frances Cruz

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

17. INFORMANT (ADDRESS) Mauricio Barbosa

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Charles DATE 1-22-38

19. UNDERTAKER (ADDRESS) Barry - Hyde

20. FILED 1-22 1938 St. Joseph Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20 1938

22. I HEREBY CERTIFY, That I attended deceased from June 18 1938 to June 20 1938. I last saw him alive on June 19 1938. Death is said to have occurred on the date stated above, at 1300 hrs.

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

Subsiding pneumonia Date of onset June 14 1938

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death occurred (violence), fill in also the following:  
 A. Cause of injury or death \_\_\_\_\_ 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. BUREAU OF VITAL STATISTICS  
 If no STATE BOARD OF HEALTH

(Signed) Leontine Woodson, M. D.  
 (Address) 716 1/2 W. 11th Ave.

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.

