

JUN 24 1927

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

Do not use this space.
14219

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.

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township..... Primary Registration District No. 1001
City St. Joseph (No. 2329 South 9th Street) St. Ward

File No.....
Registered No. 507
St. Ward

2. FULL NAME Loretta Gaytan.
(a) Residence. No. 2329 South 9th Street St. Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 8 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Cacionero Gaytan.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 8, 1901

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
25 8 3 2 15

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Household
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Old Mexico.

PARENTS
10. NAME OF FATHER Luciano Hemandies
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Old Mexico.
12. MAIDEN NAME OF MOTHER Amelia Rocha.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Old Mexico.

14. INFORMANT Cacionero Gaytan.
(Address) 2329 South 9th Street

15. FILED John G. Job REGISTRAR
D.S.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May. 11, 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr 13 1926, to May 10 1927 that I last saw h. or alive on May 10 1927, and that death occurred, on the date stated above, at 5 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tub. Tbc.

23A 31 (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) 31 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Frank Hankoan, M. D.

May. 11, 1927 (Address) King Hill Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Olivet Cemetery DATE OF BURIAL May. 13, 1927.

20. UNDERTAKER H.O. Sidenfaden ADDRESS 1802 Union Str

