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

Do not use this space.

8933

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1105
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. Mercy Hosp. St. Ward)

2. FULL NAME Manuel Garcia
(a) Residence. No. 2326 Holley St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 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: Mex.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 14-27

7. AGE: YEARS — MONTHS: 3 — DAYS: 24 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: child
(b) General nature of industry, business, or establishment in which employed (or employer): 32 24
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K-C Mo.

PARENTS
10. NAME OF FATHER: Raphael
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): California
12. MAIDEN NAME OF MOTHER: Juanita Montoya
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mex

14. INFORMANT: R. Garcia
(Address) 2326 Holley

15. FILED 3/12, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 10 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/3, 1928, to 3/10, 1928 that I last saw him alive on 3/9, 1928, and that death occurred, on the date stated above, at 12:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized miliary tuberculosis; T.B. meningitis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
3/11, 1928 (Signed) H. C. Benger, M. D. (Address) 18th Fl. Federal Reserve

*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: Mt St Marys — DATE OF BURIAL: Mar. 12 1928

20. UNDERTAKER: Ketter Lin — ADDRESS: City.

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.