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

Do not use this space.

20794

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Blue — Primary Registration District No. 1680 — Registered No. 2576
City Leeds, Mo. (No. Leeds Hospital St. Ward)

2. FULL NAME Joe Sanchez
(a) Residence. No. 1317 Harrison St., 2 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Male
4. COLOR OR RACE: Spanish
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF: Eliza J. Sanchez

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 27-1881

7. AGE: 47 YEARS — MONTHS — DAYS: 21 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Cordoba
(STATE OR COUNTRY): Spain

PARENTS
10. NAME OF FATHER: No ✓ Record
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Spain
12. MAIDEN NAME OF MOTHER: No ✓ Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Spain

14. INFORMANT: K. C. Tuber Culosis Supt.
(Address): Leeds Missouri

15. FILED 6/19, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 18, 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb. 29, 1928, to June 18, 1928, that I last saw him alive on June 18, 1928 and that death occurred, on the date stated above, at 10:50 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
V3A
31
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) George C. Lee, M.D.
6/19, 1928 (Address) 1002 Argyle Bldg. K.C. Mo.

*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: Elmwood — DATE OF BURIAL: 6/20/1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K.C. Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

Dr. Lee
1002 Argyle -
until 3 PM