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

Do not use this space.

5495

MAR 21 1929

1. PLACE OF DEATH

County Buchanan. Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 157

City St. Joseph (No. 808 Hickory Street. St. Ward)

2. FULL NAME Delores Servanzas

(a) Residence. No. 808 Hickory 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 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Mexican	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Joe Servanzas

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	19	unknown		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House-wife

(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) Mexico

PARENTS

10. NAME OF FATHER Philimanio Montenayor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER Juawana Esat

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Mexico

14. INFORMANT Mary Joe Servanzas
(Address) 808 Hickory Street.

15. FILED FEB 7 1929 19 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 7 1929

17. I HEREBY CERTIFY, That I ~~attended~~ Viewed deceased from ..., 19..., to ..., 19..., that I last saw h. alive on ..., 19..., and that death occurred, on the date stated above, at 11-15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis

73A

(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? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) R. W. Stacy

Feb. 8, 1929 (Address) 1728½ Seaton Office Commonwealth

*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. Olivet Cemetery

DATE OF BURIAL Feb. 9 1929

20. UNDERTAKER H. O. Sidenfaden

ADDRESS 1802 Union St.

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.

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