

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

Do not use this space.

**5245**

File No. 003  
Registered No. 003  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township 2<sup>nd</sup> av Primary Registration District No. 1002  
City Kb Mo. (No. 417 Cherry St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Dominico Carrantes  
(a) Residence. No. 417 Cherry St. \_\_\_\_\_ 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 Child  
*(write the word)*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 25 1926

7. AGE YEARS 3 MONTHS 6 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kb Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Pedro Carrantes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rafael Flores

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY)

14. INFORMANT D. Carrantes  
(Address) 417 Cherry

15. FILED 1/27 30 M. M. Coffey  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-25-1930

17. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Streptococcus Septicemia

3 1/2 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 4 1/2 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRATED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy  
(Signed) Stanley M. Jones, M. D.  
1/25 19 30 (Address) Physician Coronado

\*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 WPA St Mary DATE OF BURIAL 2/27 19 30

20. UNDERTAKER Kottelshni ADDRESS city.

Exact statement of OCCUPATION is very important. Property is not to be recorded.

