

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

Do not use this space.

SEP 25 1935

26424

1. PLACE OF DEATH

County Jackson
Township Kear
City Keosauqua (No. 2139)

Registration District No. 8005
Primary Registration District No. Bellview

File No. 3171
Registered No. 6444 (Ward)

2. FULL NAME

Lupe Vera

(a) Residence. No. 2139 Bellview 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 7 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Juan Vera

17. I HEREBY CERTIFY, That I attended deceased from July 26, 1935, to Aug 7, 1935 that I last saw her alive on Aug 7, 1935, and that death occurred, on the date stated above, at 9 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 7 - 1904

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 11

Lobar-pneumonia
108
(duration) yrs. mos. 8 ds.

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

CONTRIBUTORY (SECONDARY) Empyema
(duration) yrs. mos. 13 ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

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

10. NAME OF FATHER Trevino

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Labatory
(Signed) Jicolas Jicolas

12. MAIDEN NAME OF MOTHER unknown

(Address) 2048 Broadway
Aug 9, 1935

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

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

14. INFORMANT S. Trevino (Address) 2139 Bellview

19. PLACE OF BURIAL, CREMATION, OR REMOVAL M St Mary DATE OF BURIAL 8/10 1935

15. FILED 8/9 1935 M M Crowe REGISTRAR

20. UNDERTAKER Ketter ADDRESS City

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

1935

