MAY 20 1936

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

Do not use this space.

14879

File No.

Registered No. 397

1. PLACE OF DEATH

County Greene — Registration District No. 318

Township Campbell — Primary Registration District No. 5440

City Springfield (No. U.S. Hosp for Def. Del St. Ward)

2. FULL NAME Felix Congoso

(a) Residence, No. St., Ward. Mandurrioa, Lolillo, P.I.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 16 ds. How long in U. S., if of foreign birth? 9 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Filipino	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896 – Feb 2

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	40	2	26	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Navy

10. Date deceased last worked at this occupation (month and year) ? 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mandurrioa, Lolillo, P. I.

FATHER

13. NAME Alexander Congosa

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. I.

MOTHER

15. MAIDEN NAME Marcel Eialnene

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) P. I.

17. INFORMANT (ADDRESS) Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield, Mo. DATE 4/29 1936

19. UNDERTAKER (ADDRESS) Alma Lohmeyer Funeral Home Springfield, Missouri

20. FILED 4-29- 1936 Dr Chas A George Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from December 12, 1934 to April 28, 1936

I last saw him alive on April 28, 1936. Death is said to have occurred on the date stated above, at 3:55 A.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	
23	

Other contributory causes of importance:

Tuberculosis of spine
Tuberculosis of kidneys
Tuberculosis of larynx
Tuberculosis of cecum

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. H. Felix, Asst. Surgeon M(R)

(Address) Clinical Director, U.S. Hosp. for D. D., Springfield, Mo.

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.