

JUL 26 1935

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

Do not use this space.

20782

1. PLACE OF DEATH

County Ray Registration District No. 244
Township Richmond Primary Registration District No. 3035
City Richmond (No. _____) St. _____ (Ward) _____

File No. _____
Registered No. 59

2. FULL NAME Presencio Hernandez

(a) Residence, No. _____ 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 Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19 1887
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 2 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
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) Mexico

13. NAME Augustin Hernandez

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

15. MAIDEN NAME Rosa Roman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT Frank Hernandez
(ADDRESS) Richmond, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE 6/22/35

19. UNDERTAKER C. M. Garner
(ADDRESS) Richmond Mo

20. FILED 7-9, 1935 E. E. Day
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/21/35, 1935
22. I HEREBY CERTIFY, That, I attended deceased from 6-21, 1935, to 6-21, 1935
I last saw him alive on 6-21, 1935 Death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

Brain
Cardiac Asthma
Bronchial Asthma

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide _____ Date of injury _____, 1935

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?
If so, specify _____
(Signed) E. E. Day, M. D.
(Address) Richmond, 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.

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