

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

21351

2817

**1. PLACE OF DEATH**

County Jackson

Registration District No. 300

File No. 2817

Township Kansas City

Primary Registration District No. Mercy Hospital

Registered No. St. Ward

City Kansas City (No. Mercy Hospital) St. Ward

**2. FULL NAME** Antonio Valencia

(a) Residence, No. 2409 Mercer St. Ward. 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | Mexican | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 5-1923

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

2 | 26 | 26

**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) Kansas City  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Ignacio Valencia

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

12. MAIDEN NAME OF MOTHER Luisa Suarez

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

14. INFORMANT Ignacio Valencia  
 (Address) 2409 Mercer

15. FILE NO. 7/2 '23 REGISTRAR M. M. Crow

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1- 1923

I HEREBY CERTIFY That I attended death from June 16, 1923 to July 1, 1923 that I last saw him alive on July 1, 1923 and that death occurred, on the date stated above, at 10:00 m. 1821

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pyelitis 13/152  
1800

CONTRIBUTORY (SECONDARY) Bronchitis acute  
following tonsillectomy

17. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

18. DID AN OPERATION PRECEDE DEATH? DATE OF 6/25/23

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? uray

(Signed) H. M. Kell, M. D.  
 7/1 '23 (Address) 512 Withman

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Marys Cem DATE OF BURIAL July 3- 1923

20. UNDERTAKER Daniels Bros ADDRESS 644 Taylor  
K.C., 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.

# Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health  
Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasma); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uromia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*), may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

NOTE.—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. This the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

222-791

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

**1. PLACE OF DEATH**

County..... Registration District No..... File No.....  
 Township..... Primary Registration District No..... Registered No. 28117  
 City..... (No. Mercy Hosp) St..... Ward.....

**2. FULL NAME**

Antonina Vasseral

(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..... 4. COLOR OR RACE..... 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word).....

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

6. DATE OF BIRTH (MONTH.....)

7. AGE YEARS.....

**8. OCCUPATION OF DE**

(a) Trade, profession, particular kind of work.....  
 (b) General nature of business, or establishment which employed (or).....  
 (c) Name of employe.....

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

10. NAME OF FATHER.....

11. BIRTHPLACE (STATE OR COUNTRY).....

12. MAIDEN NAME.....

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

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July, 19 23

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

THE CAUSE OF DEATH WAS AS FOLLOWS:

*Our record showed the operation was a Sussilectomy instead of a Sternotomy. As this was an error will you kindly correct your record if it was the same as ours.*  
*M. M. Crowe*

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 DATE OF 6/26/23  
 ..... M. D.

or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

14. INFORMANT (Address).....

19. PLACE OF BURIAL, CREMATION, OR REMOVAL..... DATE OF BURIAL.....

15. FILED 7/2, 1923 M. M. Crowe REGISTRAR

20. UNDERTAKER..... ADDRESS.....

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

R. 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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(Approved by U. S. Census and American Public Health Association.)

5612

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