

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.

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

Do not use this space.

27442

1. PLACE OF DEATH

County Jackson Registration District No. 399  
Township Kaw Primary Registration District No. 1007  
City K.C. Mo. (No. 2318) Merica

File No. 3705  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence No. 2318 Merica St. 31 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (circle the word) infant  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF infant  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 22 27  
7. AGE YEARS MONTHS DAY IF LESS than 1 day, hrs. or min. 7 6

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) K.C. Mo.  
(STATE OR COUNTRY)

10. NAME OF FATHER Natividad Lopez

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

12. MAIDEN NAME OF MOTHER Bartola Munoz

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

14. INFORMANT Mrs Lopez  
(Address) 2318 Merica

15. FILED 9/29, 1927 M.M. Crowe  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9/28/27 1927

17. I HEREBY CERTIFY, That I attended deceased from 9/24/27, 1927, to 9/28/27, 1927, and that I last saw him alive on 9/28, 1927, and that death occurred, on the date stated above, at 10 o'clock AM.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

119B Acute Gastro Enteritis  
107A/13B (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) Disruptive Pneumonia  
bronchitis (duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED I don't know  
IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Findings

g/ (Signed) Lucas P. McConwood, M. D.

9/29, 1927 (Address) 2348 Bellevue

\*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 Grav St Mary Sept 29 27  
DATE OF BURIAL \_\_\_\_\_

20. UNDERTAKER Ketterlin  
ADDRESS City

