

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

Do not use this space.

33450

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township East Primary Registration District No. 1002
 City Kansas City, Mo (No. Mercury Heights)
 St. _____ Ward _____

File No. _____
 Registered No. 4-220
 St. _____ Ward _____

2. FULL NAME

Alice Diaz
 (a) Residence, No. 2115 Madison 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 7 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-11-1918

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 9 8 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) don't know

10. NAME OF FATHER

Francisco Diaz

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

12. MAIDEN NAME OF MOTHER

don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) don't know

14.

INFORMANT Alice M. Brown
 (Address) 3242 Brooklyne ave

15.

FILED 11/27 M. M. Brown
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 6 1927

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1927, to Nov. 6, 1927, that I last saw her alive on Nov. 6, 1927, and that death occurred, on the date stated above, at 7:55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Encephalitis
(not epidemic)
78B

CONTRIBUTORY (SECONDARY)

None (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, none

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) H. Dwyer M. D.
11/27 (Address) 214 Medical Arts Bldg

*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

Highland Park DATE OF BURIAL 11/8/27

20. UNDERTAKER

The Freeman Mortuary ADDRESS rd 4 Baltimore

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.

DEPARTMENT RECORD

