

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

Do not use this space.

9261

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Lead Primary Registration District No. 1002
 City Kansas City (No. 722 General Hosp) St. _____ Ward _____

File No. 1-141
 Registered No. _____

2. FULL NAME

Bel Caban, Carlos
 (a) Residence. No. 212 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

Male | White | Single

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

7. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17 1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
✓ | 4 | 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
 (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) mo

10. NAME OF FATHER Jesus M. Beltrán

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

12. MAIDEN NAME OF MOTHER Emilia M. ...

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

14. INFORMANT Reverend Clerk
 (Address) K.C. Gen'l Hosp.

15. FILED 3/30 1928 M. M. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-29 1928

17. I HEREBY CERTIFY That I attended deceased from 3-27 1928 to 3-29 1928 that I last saw him alive on 3-29 1928 and that death occurred, on the date stated above, at 12:25 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchopneumonia
Primary
1074 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 1074 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH... no DATE OF...

DID AN OPERATION PRECEDE DEATH... no DATE OF...

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Ch. Findings
P. & Williams, M. D.
 (Signed) 3-29. 1928 (Address) Supt K.C. Gen'l Hosp

*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 3/30 1928

20. UNDERTAKER W. M. ... ADDRESS 1101 East 115

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

