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

Do not use this space.

30660

File No. 3911
Registered No.

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.

1. PLACE OF DEATH
County: Jackson
Township: Lee
City: Kansas City, Mo (No. Mercy Hospital, St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Eucasia Sanchez
(a) Residence. No. 25 James St. K. C. Ks., 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: F
4. COLOR OR RACE: Mex
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): Oct 25-28

7. AGE: Years | Months: 10 | Days: 29 | If LESS than 1 day, ...hrs. or ....min.

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): K & C Mo

PARENTS
10. NAME OF FATHER: Gregorio Sanchez
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mex.
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mex

14. INFORMANT: Mercy Hospital
(Address) Kansas City Mo

15. FILED 9/24, 1928 M. M. Grove, Registrar

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 22 1928

17. I HEREBY CERTIFY, That I attended deceased from 9-7-, 1928, to Sept 22, 1928 that I last saw he alive on Sept. 22, 1928, and that death occurred, on the date stated above, at 2:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
11.28
10 M (duration) yrs. 3/4 mos. ds.
CONTRIBUTORY (SECONDARY) Gastro Enteritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) H. L. Berger, M. D.
9/23, 1928 (Address) Federal Reserve 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: Mt St Mary | DATE OF BURIAL: Sept 24 1928

20. UNDERTAKER: Rotter | ADDRESS: City