WRITE PLAINLY, WITH INKPADDING 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.

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

Do not use this space.

33557

File No. .....

Registered No. 4007

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: K.C. Mo (No. Mercy Hosp. St. ..... Ward)

2. FULL NAME: Ignacio Valadez

(a) Residence. No. 2302 Holly St., 3 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: M.

4. COLOR OR RACE: Mex

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 1-1928

7. AGE — YEARS: ..... MONTHS: 2 DAYS: 6 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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): Kansas City

PARENTS

10. NAME OF FATHER: Gregory

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

12. MAIDEN NAME OF MOTHER: Josefa

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

14. INFORMANT: Gregory Valadez
(Address) 2302 Holly

15. FILED: 10/8, 1928 M. M. Browne Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1928, to Oct 7, 1928, that I last saw him alive on Oct 7, 1928, and that death occurred, on the date stated above, at 3.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchio pneumonia
8 DA
109 H (duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY): Cerebral hemorrhage
..... (duration) ..... yrs. ..... mos. 1 ds.

7401

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Home

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) H. C. Berger, M. D.

10/8, 1928 (Address) Federal Reserve Bldg. KC

*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: St. Mary's — Oq — DATE OF BURIAL: 10/8 1928

20. UNDERTAKER: Kelly — KC. — ADDRESS: MO