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

Do not use this space.

40915

1. PLACE OF DEATH
County Jackson — Registration District No. 299
Township Kaw — Primary Registration District No. 2
City Kansas City (No. 2107 Terrace St. Ward)
File No. 5293
Registered No.

2. FULL NAME Virginia Herrera
(a) Residence. No. 2107 Terrace 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 12 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 Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow of Juan Herrera

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29, 1893

7. AGE 35 YEARS — MONTHS 5 — DAYS 21 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Juanahuato
(STATE OR COUNTRY) Mexico

PARENTS
10. NAME OF FATHER Pedro Herrera
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mexico
12. MAIDEN NAME OF MOTHER Phillipa Latoria
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mexico

14. INFORMANT Son Begino Herrera
(Address) 2107 Terrace

15. FILED 12/20, 1928 M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 20 1928

17. I HEREBY CERTIFY That I attended deceased from Oct. 8, 1928, to Dec 19, 1928 that I last saw her alive on Dec 19, 1928, and that death occurred, on the date stated above, at 3 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic interstitial nephritis
131
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?

12/20, 1928 (Signed) A B Crites, M. D
(Address) 205 Minor 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 MA St Marys — DATE OF BURIAL Dec 21 1928

20. UNDERTAKER Kettenlin — ADDRESS City

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.