

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1500

1. PLACE OF DEATH

County Jackson
Township Kaw
City K.C. Mo.

Registration District No. 399
Primary Registration District No. 1002
(No. Old City Hospital)

File No. 88
Registered No. 88
St. _____ Ward _____

2. FULL NAME

Dominicus Felimon Medina
(a) Residence. No. 3520 Chelblason St. 9 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 9 mo. 9 mo. 9 mo. 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)

Single

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

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

March 20 1928

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

9

17

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)

K.C.

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Medina Inez

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mexico

12. MAIDEN NAME OF MOTHER

Lopez Dominguez

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Mexico

14.

INFORMANT
(Address)

Dominguez Inez
706 Gregory St.

15.

FILED

Jan 8 1929 M.D. Grove

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

1-7-1929

17.

I HEREBY CERTIFY, That I attended deceased from 12-28-1928, to 1-7-1929 that I last saw him alive on 1-7-1929, and that death occurred, on the date stated above, at 6:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Epidemic meningitis

CONTRIBUTORY (SECONDARY)

Broncho-pneumonia

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

Home

19. DID AN OPERATION PRECEDE DEATH?

no

DATE OF

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS?

Chemical Laboratory

(Signed) Howard M. Smith, M.D.

18 19 29 (Address) Old City Hosp. K.C. Mo.

*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

DATE OF BURIAL

Jan 8 1929
Address
Old City Hosp. K.C. Mo.

