

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

Do not use this space.

6715

1881

1. PLACE OF DEATH

County Jackson Registration District No. 399

Township Yean Primary Registration District No. 1002

City Kansas City (No. Kansas City Genl Hosp. St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence. No. 2306 Parke 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. 22 mos. _____ ds. How long in U. S., if of foreign birth yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

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)

April 14 1927

7. AGE

YEARS

MONTHS

DAYS

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

about 1

10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

None

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Kansas City

(STATE OR COUNTRY)

Missouri

10. NAME OF FATHER

Benito Gutierrez

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Mexico

12. MAIDEN NAME OF MOTHER

Mary Flores

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Unknown

(STATE OR COUNTRY)

Mexico

14.

INFORMANT

(Address)

Ronald Clark

K.C. General Hosp.

15.

FILE

2-22-29 M M Clark

REGISTRAR

Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-21 1929

17.

I HEREBY CERTIFY, That I attended deceased from

1-12 1929 to 2-21 1929

that I last saw her alive on 2-21 1929 and that death occurred, on the date stated above, at 7:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

measles

Tuberculosis of lungs

Congenital Syphilis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

34

(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

(Signed) P. B. Williams M. D.

*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

Mt St Marys Cemetery

Feb 22 1929

20. UNDERTAKER

ADDRESS

Daniels Bros

644 Kansas Ave K.C. Mo

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.

11
18
18

100

100

+

100

100

100

100

100

100