

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

Do not use this space. 27778

3469

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 2132) Mercer St. _____ Ward _____

2. FULL NAME Gregory Hidalgo
 (a) Residence. No. 2132 Mercer Ward. _____
 (Usual place of abode)
 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.

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Ma
 4. COLOR OR RACE W.
 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) July 31 1928
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 0 15
 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) Kansas City
 (STATE OR COUNTRY) MO
 10. NAME OF FATHER Reyes Hidalgo
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) San Francisco
 (STATE OR COUNTRY) Mexico
 12. MAIDEN NAME OF MOTHER Juliana Romero
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Valparaiso
 (STATE OR COUNTRY) Mexico

14. INFORMANT Joe Rivera
 (Address) 2132 Mercer
 15. FILED 8/14 29 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 14 19 29
 17. I HEREBY CERTIFY, That I attended deceased from Aug. 12 1929, to Aug. 13 1929, that I last saw him alive on Aug. 13 1929, and that death occurred, on the date stated above, at 3 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diarrhea and enteritis
11 1/2 (duration) yrs. mos. 12 ds.
 CONTRIBUTORY (SECONDARY) 11 1/2 (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) A. B. Brites M. D.
8-14-1929 (Address) 205 Minor Blvd
 *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 W. A. May's DATE OF BURIAL 8/15 19 29
 20. UNDERTAKER M. H. Gettem ADDRESS 100

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.

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