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

Do not use this space.

37436

1. PLACE OF DEATH
County: Jackson
Township: Cow
City: Kansas City (No. 2348 Bellview St. Ward)
Registration District No. 999
Primary Registration District No. 1002
File No.
Registered No. 1875

2. FULL NAME: Serena Ramosa
(a) Residence. No. 2346 Bellview 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: Female
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1823

7. AGE: 106 YEARS | MONTHS | DAYS | 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): Mexico
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mr Hernandez
(Address) 2346 Bellview

15. FILED 11/27, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 11/26/29 19

17. I HEREBY CERTIFY, That I attended deceased from 11/20/29, 19, to 11/26/29, 19, that I last saw h. alive on 11/26, 1929, and that death occurred, on the date stated above, at 9-30a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Insufficiency
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY): Hypostatic Pneumonia
(duration) yrs. mos. 5 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? Examination
(Signed) R. H. Norwood, M. D
11/26, 1929 (Address) 2348 Bellview 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: St. Mary's K.C. Mo
DATE OF BURIAL: 11/27 1929

20. UNDERTAKER: Kesterson-Tumey
ADDRESS: K.C. Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD