

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

Do not use this space.

5015

**1. PLACE OF DEATH**

County Jackson  
Township How  
City Kansas City Mo

Registration District No. 399  
Primary Registration District No. 1607

File No. 312  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 1123 W 24 St. 4 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
-----------------------	----------------------------------	--

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dolores Couaill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 12 1902

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>27</u>	<u>2</u>	<u>*</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Confectioner  
(b) General nature of industry, business, or establishment in which employed (or employer). Confectionary Store  
(c) Name of employer. owner

**9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)**

Mex

PARENTS	10. NAME OF FATHER <u>Cesaris Juarez</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mex</u>
	12. MAIDEN NAME OF MOTHER <u>Telesita Ortiz</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mex</u>

14. INFORMANT Porfirio Juarez  
(Address) 1123 W 24

15. FILED 1/13 1930 M. M. Brown  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-12-30

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

suicided. Firearms  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 1977  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Dr. [Signature] M. D.  
(Address) Deputy Coroner

\*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.

20. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Mape Hill</u>	DATE OF BURIAL <u>Feb 14 1930</u>
--	--------------------------------------

20. UNDERTAKER <u>Kerrin</u>	ADDRESS <u>K. Kerrin</u>
---------------------------------	-----------------------------

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every supposed. AGE should be stated EXACTLY. PHYSICIANS should state.

Handwritten text at the top of the page, possibly a title or header.

The image shows a large, faint grid or table structure. It consists of a central vertical line and two horizontal lines, one above and one below the center, creating four quadrants. The lines are very light and the overall appearance is that of a very faded or low-contrast scan of a document. There is no legible text or data within the grid.