

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

Do not use this space.

5034

**1. PLACE OF DEATH**

County Jackson Registration District No. 399 File No. \_\_\_\_\_  
 Township Keaw Primary Registration District No. \_\_\_\_\_ Registered No. 1971  
 City Kansas City (No. Kansas City Genl Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Hernandez, Concepta  
 (a) Residence. No. 2404 Mercier 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 11 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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	28			

**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)**

(STATE OR COUNTRY) Mexico

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) unknown

14. INFORMANT Renee Clark

(Address) KC Genl Hosp.

15. FILED 1/14/30 in M. M. Crowe REGISTRAR  
Ans

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-13 1930

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
2-8, 1930, to 2-13, 1930,  
 that I last saw her alive on 2-13, 1930, and that death occurred, on the date stated above, at 2:15 a.m.

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

Empyema (Streptococcal infection)

CONTRIBUTORY (SECONDARY) 10/20  
 (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? Clin. Findings + Lab.

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

13, 1930 (Address) Supt. Genl. Hosp.

\*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 <u>Maple Hill</u>	DATE OF BURIAL <u>2/15</u> 19 <u>30</u>
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20. UNDERTAKER <u>Ketterlin Funeral Home. K6 Mo</u>	ADDRESS
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