

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

Do not use this space.

12861

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
 Township unk Primary Registration District No. 1002  
 City Kansas City (No. 2319) Madison St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1150  
 Registered No. 1150  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary Gonzales 3  
 (a) Residence No. 2319 Madison St., \_\_\_\_\_ 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jesus Gonzales

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
About 52

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work. Housework  
 (b) General nature of industry, business, or establishment in which employed (or employer). Own home  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Tomita Sts  
 (STATE OR COUNTRY) Mexico

10. NAME OF FATHER Julian Sapien

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tomita Sts  
 (STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER Petra Chavez

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tomita Sts  
 (STATE OR COUNTRY) Mexico

14. INFORMANT Marina Tequesno  
 (Address) 2319 Madison St

15. FILED 4/24 1930 M. M. Corne REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-22-1930

17. Deputy Coroner  
 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:  
Pericarditis with effusion  
Chronic Hypertension  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

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

3 WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
 (Signed) Deputy Coroner, 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. St. Mary Cem. DATE OF BURIAL Apr 24-1930

20. UNDERTAKER Daniel Duro ADDRESS 644 Komrade

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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