

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

Do not use this space.

19332

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100v File No. 2308
 City Kansas City (No. Texas City General Hospital) (Ward)

2. FULL NAME

(a) Residence. No. 2115 Circle St. 3 Ward. (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 Male
 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 Juanita Basquez

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 6-1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>28</u>	<u>19</u>	<u>25</u>	

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Day Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Surf & Pickin' House
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tehuacan
 (STATE OR COUNTRY) Mexico

10. NAME OF FATHER Merced Basquez

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

12. MAIDEN NAME OF MOTHER Luisiana Garcia

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

14. INFORMANT Juanita Basquez
 (Address) 2115 Circle St.

15. FILED 12 19 30 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1-1930

17. I HEREBY CERTIFY, That I attended deceased from 2-3 1930 to 6-1 1930
 that I last saw him alive on 6-1 1930 and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Tuberculous Peritonitis
23A
25 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31 (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? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Plain fluid + Autopsy
 (Signed) P. E. Weeden, M. D.

6-1 19 30 (Address) Supt. K. C. Gen. Hospital

*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 Maple Hill Cemetery DATE OF BURIAL June 9-1930

20. UNDERTAKER Daniel Bros ADDRESS 644 Louisiana

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.

