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

Do not use this space.

File No. 23128

Registered No. 3122

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. General Hospital St. Ward)
Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME: Osorio Daniel
(a) Residence. No. 215 W. 5th St., 1 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

| 3. SEX | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) |
|---|---|---|
| Male | Mexican | Single |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 2, 1929

| 7. AGE Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| | 9 | 26 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Child
(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) Missouri

PARENTS
10. NAME OF FATHER Ramon Osorio
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mexico
12. MAIDEN NAME OF MOTHER Moreno Socorro
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mexico

14. INFORMANT Records Clerk
(Address) K.C. Gen'l Hosp.

15. FILED 7/28, 1930 M. M. Croyle asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-28 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-22, 1930 to 7-28, 1930 that I last saw him alive on 7-28, 1930 and that death occurred, on the date stated above, at 3:18 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Marasmus (Infantile)

158 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. E. Williams, M. D.
7/28, 1930 (Address) Gen Hosp 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: Mt Calvary
DATE OF BURIAL: 7/29 1930

20. UNDERTAKER: Ketterlin
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.