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

Do not use this space.

26796

3401

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. .....

Township Kaw — Primary Registration District No. ..... — Registered No. .....

City Kansas City (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME Juanita Lemoz

(a) Residence. No. 2329 Monitor 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 ..... 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:

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 7-4-1930

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
0	1	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Infant

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER: Savas Lomoz

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

12. MAIDEN NAME OF MOTHER: Julia Monloya

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

14. INFORMANT: Record Clerk (Address) Kansas City Gen. Hosp.

15. FILED 8/17, 1930 M. M. Crowl Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8-16 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-12, 1930 to 8-16, 1930 that I last saw her alive on 8-16, 1930 and that death occurred, on the date stated above, at 2:00 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Inanition

158

..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 160

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clin. Findings

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

8-16, 1930 (Address) Supt. K. C. Gen. 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: St. Marys — DATE OF BURIAL: 8/16 1930

20. UNDERTAKER: Ketterlin — ADDRESS: K. Cuvo

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.