WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

29952

1. PLACE OF DEATH
County Jackson Registration District No. 399 File No. 5758
Township Kaw Primary Registration District No. 3 2 2 Registered No. 5758
City Kansas City 2332 Bellview St. Ward)

2. FULL NAME Maria Lomeli Sandoval
(a) Residence. No. 2332 Bellview 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: Mexican
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: German Sandoval
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown
7. AGE: About 40 YEARS MONTHS DAYS If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Guadalagara (STATE OR COUNTRY) Mexico

PARENTS
10. NAME OF FATHER Vicente Lomeli
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Guadalagara (STATE OR COUNTRY) Mexico
12. MAIDEN NAME OF MOTHER Anita H Sanchez
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Guadalagara (STATE OR COUNTRY) Mexico

14. INFORMANT German Sandoval
(Address) 2332 Bellview KC Mo

15. FILED 9/12, 1930 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sep 11 1930
17. I HEREBY CERTIFY, That I attended deceased from Sept 10, 1930, to Sept 11, 1930 that I last saw her alive on Sept 11, 1930 and that death occurred, on the date stated above, at 7 30 PM
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Stomach
46B
118E
(duration) 1½ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Haemorrhage from cancer
(duration) yrs. mos. 2 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? clinical
(Signed) D P Klepinger, M. D.
9/12, 1930 (Address) 2322 Summit.

*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 Cemetery DATE OF BURIAL: Sep 13 1930
20. UNDERTAKER: Daniels Bros ADDRESS: 644 Kansas ave KCK