

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

Do not use this space.

10280

1. PLACE OF DEATH

County Jackson Registration District No. 309
 Township Kan Primary Registration District No. 7002
 City Kansas City (No. 7002) St. W Ward

File No. _____
 Registered No. 1566
 St. _____ Ward _____

2. FULL NAME

Joe Flores
 (a) Residence No. 307 Oak 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 1 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 White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	54			

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Labourer 249
 (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) Mexico

10. NAME OF FATHER Paul Flores

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

12. MAIDEN NAME OF MOTHER Frances Martinez

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

14. INFORMANT Reverend Clerk
 (Address) R.C. Genie Hoop

15. FILED 4/3 1931 M. M. Crowe
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30 1931

17. I HEREBY CERTIFY, That I attended deceased from 11-25, 1930, to 3-30, 1931
 that I last saw him alive on 3-30, 1931, and that death occurred, on the date stated above, at 4:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Healed infarction of left ventricle; Primary capsaema of left lung
470 (duration) yrs. mos. ds.
94B

CONTRIBUTORY (SECONDARY) 470 (duration) yrs. mos. ds.

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

19. DID AN OPERATION PRECEDE DEATH no DATE OF _____
WAS THERE AN AUTOPSY? yes 1

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
 (Signed) P. Billeart M. D.

3-31, 1931 (Address) Supt R.C. Gen. Hoop

*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 Leids **DATE OF BURIAL** 4-6 1931

20. UNDERTAKER J. M. J. Phelan **ADDRESS** Rt. No

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.

Leeds