

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

Do not use this space.

14117

309

1. PLACE OF DEATH

County Jackson
Township Rau
City Kansas City (No. 21 - Blair)

Registration District No. 1000
Primary Registration District No. _____

File No. 1026
Registered No. 1026
St. _____ Ward _____

2. FULL NAME

Frank Guerrero
(a) Residence. No. 2404 Mercer St., 2 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 Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Est 40

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer). Packaging
(c) Name of employer unknown

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

10. NAME OF FATHER unknown

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT Mrs Virginia Guerrero
(Address) 2404 Mercer

15. FILED 4/7/31 M. M. Grove REGISTRAR
Grove

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-4-31

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
210M
Accidental - automobile
collision

CONTRIBUTORY (SECONDARY) Collision (duration) yrs. _____ mos. _____ ds. Mo

18. WHEN WAS DISEASE CONTRACTED 2/10
AT PLACE OF DEATH _____
IF AN OPERATION PRECEDE DEATH. DATE OF _____

19. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS autopsy
(Signed) Deputy coroner M. D.
4/31, 19____ (Address) Deputy coroner

*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 KCKs DATE OF BURIAL 4/7/31 1931

20. UNDERTAKER Keller ADDRESS Mo

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.

