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.

14244

File No. 1759

Registered No. 1759

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1003

City: Kansas City (No. 800 S.W. Blvd. St. Ward)

2. FULL NAME: Enrique José Raya

(a) Residence. No. 800 S.W. Blvd St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Mexican

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 3 - 1930

7. AGE — YEARS: — MONTHS: 8 — DAYS: 9 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(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): Missouri

PARENTS

10. NAME OF FATHER: Joseph Raya

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

12. MAIDEN NAME OF MOTHER: Julia Castro

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

14. INFORMANT: Joseph Raya
(Address): 800 S.W. Blvd

15. FILED 4/14 31 M. M. Crowe
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): April 12 1931

17. I HEREBY CERTIFY, That I attended deceased from April 7 1931 to April 12 1931 that I last saw him alive on April 12 1931, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute enteritis

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY)

(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?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Nicolas Lacino M.D.

April 13, 1931 (Address) 2035 Broadway

*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. St. Marys Cem

DATE OF BURIAL: April 14 1931

20. UNDERTAKER: Daniels Bros

ADDRESS: 1044 Tonicas Q K.C.