

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

Do not use this space.

21542

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City R. C. Mo.

Registration District No. 399  
Primary Registration District No. 1002  
No. 2410 Mercer

File No. \_\_\_\_\_  
Registered No. 2011  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 2410 Mercer St. Ward. 3  
(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Male 4. COLOR OR RACE Wht 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-17 1931

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

17. I HEREBY CERTIFY, That I attended deceased from 6/15/31, 1931, to 6/17/31, 1931, that I last saw him alive on 6/16/31, 1931, and that death occurred, on the date stated above, at 2:15 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 22- 1911

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
16 8 25

Acute Pulmonary Tuberculosis  
73A  
73B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Lawyer 231 (b) General nature of industry, business, or establishment in which employed (or employer) unknown (c) Name of employer unknown

CONTRIBUTORY (SECONDARY) Pulmonary Disease (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. C. Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH Don't know DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

10. NAME OF FATHER Julian Cisneros

19. WAS THERE AN AUTOPSY? No

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

WHAT TEST CONFIRMED DIAGNOSIS? Histology, Examination

12. MAIDEN NAME OF MOTHER Reta Gonzalez

by (Signed) A. Howard, M. D.

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

3/18, 1931 (Address) 2340 Harbor, K.C. Mo.

\*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.

14. INFORMANT Mr. Cisneros (Address) 2410 Mercer

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL St Mary's June 19 1931

15. FILED 6/19 31 M. M. Cerome REGISTRAR Asst

20. UNDERTAKER Keller ADDRESS City

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.

Jan 20 30  
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