

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

Do not use this space.

28278

1. PLACE OF DEATH

County Jackson  
Township Kaw  
City Kansas City (No. 2139)

Registration District No. 399  
Primary Registration District No. 1002  
St. Madison (Ward)

File No. 3406  
Registered No. 3406  
St. Madison (Ward)

2. FULL NAME Seberina Bravo

(a) Residence. No. 2139 Madison St., 3 Ward.  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 8 1931

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

17. I HEREBY CERTIFY, That I attended deceased from July 16 1931 to July 27 1931 that I last saw her alive on July 12 1931 and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 1908

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
23 5 27

Pulmonary Tuberculosis

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

23 (duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) 23 (duration) ..... yrs. .... mos. .... ds.

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

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

10. NAME OF FATHER Guadalupe Lopez

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Calvary Cemetery DATE OF BURIAL Aug 10 1931

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

20. UNDERTAKER Daniel Bros ADDRESS 1111 Kansas Ave KEK

12. MAIDEN NAME OF MOTHER Andrea Moreno

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

14. INFORMANT Sebastian Bravo (Address) 2139 Madison

15. FILED 8-9-31 M. M. Brown REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

