

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

Do not use this space.

28381

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. St. Lukes H)

Registration District No. 389
Primary Registration District No. 1002

File No. 3500
Registered No. 3500
St. _____ Ward _____

2. FULL NAME

Richard Duran
(a) Residence. No. 1512 So 5th St. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Aug 10 - 1928</u>		
7. AGE YEARS <u>3</u>	MONTHS <u>0</u>	DAYS <u>17</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (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) Kansas

PARENTS	10. NAME OF FATHER <u>Jess Duran</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Leon</u> (STATE OR COUNTRY) <u>Mexico</u>
	12. MAIDEN NAME OF MOTHER <u>Murtle Miller</u>
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Kansas City</u> (STATE OR COUNTRY) <u>Kansas</u>	

14. INFORMANT Jess Duran
(Address) 1512 So 5th St KC

15. FILED 1/18 1931 M. M. Crow
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 7, 1931, to Aug 17, 1931 that I last saw him alive on Aug 17, 1931 and that death occurred, on the date stated above at 11:25 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Perforation of bowel with Peritonitis
1238 (duration) yrs. mos. ds.
CONTRIBUTOR (SECONDARY) Typhoid Fever
(duration) yrs. mos. ds. 10

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? Clinical Laboratory

(Signed) J. L. Laffoon M. D.

118, 1931 (Address) 775 West 8th

*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 St. Calvary Cemetery DATE OF BURIAL Aug 19 1931

20. UNDERTAKER Daniel Brown ADDRESS North Kansas

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

