

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

Do not use this space.

37777

1. PLACE OF DEATH

County Jackson Co
Township Blue
City Kansas City, Mo.

Registration District No. 800
Primary Registration District No. 1802

File No. 4540
Registered No. 4540
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 514 Main St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE Mex 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) 12-16-84

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
46 11 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Labourer
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

10. NAME OF FATHER Carmelo Guerrero

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER Jesus Deus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mexico

14. INFORMANT H. J. Hospital

(Address) Feed Sta. Kansas City, Mo.

15. FILED 11/19/31 M. M. Crow
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-18-31 1931

17. I HEREBY CERTIFY, That I attended deceased from 9/4/31, 1931, to 11/18/31, 1931, that I last saw him alive on 11/17/31, 1931, and that death occurred, on the date stated above, at 9:25 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary tuberculosis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) DK
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chemical findings

(Signed) Herbert L. Mandy, M. D.

, 19 (Address) 818 Medical art

*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 Leeds DATE OF BURIAL 11-19-31

20. UNDERTAKER Tapetina ADDRESS City

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

