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.

8660

1. PLACE OF DEATH
County JACKSON — Registration District No. 199
Township KAW — Primary Registration District No. 100
City KANSAS CITY (No. 805, BRISTOL St. ..... Ward)

File No. ..... Registered No. 1245

2. FULL NAME MODESTO ESPINOZA
(a) Residence, No. 805 Bristol St., 7 Ward.
(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

3. SEX: MALE
4. COLOR OR RACE: C.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR ~~WIFE OF~~) MRS. CONCEPCION ESPINOZA

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE-15-1877

7. AGE: YEARS 54 — MONTHS 9 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER 11"
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MISSOURI PACIFIC R.R. 1948
10. Date deceased last worked at this occupation (month and year) DECEMBER-1931
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MEXICO 18

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 21

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. CONCEPCION ESPINOZA
(ADDRESS) 805 BRISTOL AVE

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT. ST. MARY'S DATE MARCH-26, 1932

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 211 EAST 9TH ST.

20. FILED 3/25, 1932 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 1:30 P.m.
The principal cause of death and related causes of importance were as follows:
accidental fracture of skull
1948
Date of onset

Other contributory causes of importance:
Caused by cavein while working in a well
Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury March 23, 1932
Where did injury occur? R C ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury cavein of well
Nature of injury Fracture of skull

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [signature] M. D.
(Address) Coroner

6800 Washington Park Blvd.