

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

Do not use this space.

16166

1959

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township

Primary Registration District No. 1002

City Kansas City (No. 2413 Mercier)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2413 Mercier St., 3 Ward.

(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 Female 4. COLOR OR RACE Mexican 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) April 16 - 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City, Missouri

13. NAME Navor Madrigal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Surrendero, Mexico

15. MAIDEN NAME Magdalena Bravo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Surrendero, Mexico

17. INFORMANT (ADDRESS) Navor Madrigal, 2413 Mercier

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys DATE May 16 - 1959

19. UNDERTAKER (ADDRESS) Daniels Bros, 644 Kansas Ave. N. E.

20. FILED 5/14 19 59 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 - 1959

22. I HEREBY CERTIFY, That I attended deceased from 5-12 - 1959 to 5-13 - 1959

I last saw him alive on May 12, 1959. Death is said

to have occurred on the date stated above, at 7:20 m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Congestion Date of onset

1118 119B 1112

Other contributory causes of importance: Summer Congestion

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Henry J. Beller, M. D.

(Address) 800 Sp. Blvd

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.

Dr Zeller 800 So W Blvd