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.

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

Do not use this space.

16268

1. PLACE OF DEATH
County Jackson — Registration District No. 3 S E — File No. 2001
Township Kaw — Primary Registration District No. 1 3 — Registered No.
City K. C. Mo (No. 2329 Holly St. Ward)

2. FULL NAME Irene Juarez
(a) Residence. No. 2329 Holly St., 3 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 F.
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) At home
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15-29
7. AGE Years 2 Months 11 Days 5 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Child
(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) K. C.
PARENTS
10. NAME OF FATHER Donaciano Juarez
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mexico
12. MAIDEN NAME OF MOTHER Emilia Perez
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mexico
14. INFORMANT Donaciano Juarez (Address) 2329 Holly
15. FILED May 23, 1932 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 20 1932
17. I HEREBY CERTIFY, That I attended deceased from May 19, 1932 to May 20, 1932 that I last saw her alive on May 20, 1932, and that death occurred, on the date stated above, at 11 50 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Lobar Pneumonia
108 (duration) yrs. mos. 6 ds.
CONTRIBUTORY (SECONDARY) 108 (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1
DID AN OPERATION PRECEDE DEATH? No. DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms
(Signed) Nicolas Jaime M.D.
May 21, 1932 (Address) 2035 Broadway

*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 M. A. St Marys — DATE OF BURIAL May 23 1932
20. UNDERTAKER Ketterlin — ADDRESS City