

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

Do not use this space.

16291

1. PLACE OF DEATH

County Jayson Registration District No. 333
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. Kansas City Gen Hosp) (Ward)

File No. _____
 Registered No. 2084

2. FULL NAME

Nicolasa Medellin
 (a) Residence, No. 2116 E. 23rd St. 4 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 <u>Female</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>Feb. 21, 1932</u>					
7. AGE YEARS		MONTHS		DAYS	
		<u>2</u>		<u>28</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>					
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) <u>Kansas City, Mo.</u>					
13. NAME <u>Priniscal Medellin</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>					
15. MAIDEN NAME <u>Nicolasa Garcia</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>					
17. INFORMANT (ADDRESS) <u>Record Clerk, R.C. Gen. Hosp.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Calvary</u> DATE <u>May 24, 1932</u>					
19. UNDERTAKER (ADDRESS) <u>Peter B. Lapetina, 6th Mo</u>					
20. FILED <u>May 24, 1932</u> <u>W.M. Cozart</u> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-28, 1932 to 5-19, 1932

I last saw her alive on 5-19, 1932 Death is said to have occurred on the date stated above, at 9:20 a.m.

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

malnutrition Date of onset _____

158 / 58

Other contributory causes of importance: ①

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? _____ 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 P. C. Williams M. D.
 (Signed) Sub R.C. Gen Hosp R.C. Mo
 (Address)

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

