

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

Do not use this space. ✓

29171

1. PLACE OF DEATH
 48 County Jackeon Registration District No. 398
 Township Blue Primary Registration District No. 5554
 City Cement City (No. School Yard Cement City)
 File No. _____
 Registered No. 282
 St. _____ Ward _____

2. FULL NAME Joe Sanchez
 (a) Residence, No. 31 N. First St. _____ Ward. Kansas City, Kansas
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 20 yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Approx. 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Approx. 25

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Laborer 87

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

10. Date deceased last worked at this occupation (month and year) Sept. 17, 1932 11. Total time (years) spent in this occupation XXXXXX

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 318

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Silla Fuerrta
 (ADDRESS) 31 N. First St. Kansas City, Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary K. C. K. DATE Sept. 20, 1932

19. UNDERTAKER Stahl Funeral Home.
 (ADDRESS) 815 W. Maple Ave., Independence, Mo.

20. FILED Sept 19 1932 J. L. Cook
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1932 19____

22. I HEREBY CERTIFY, That I attended deceased from (DEPUTY CORONER), _____, 19____
 I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
174 Stab Wound in Heart
174 Homicide
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? (1) Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide homicide Date of injury 9/18/32
 Where did injury occur? Cement City, Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
Stab Wound with knife
 Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify _____
 (Signed) E. L. Kuntzinger, M. D.
 (Address) Independence

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.

OCT 26 1932

