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

Do not use this space.

32331.

1. PLACE OF DEATH
County Jackson — Registration District No. 390 — File No.
Township Kaw — Primary Registration District No. 1092 — Registered No.
City Kansas City, Mo. (No. 2112 Mercier St. Ward)

2. FULL NAME John Espinosa, Jr.
(a) Residence, No. 2112 Mercier 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: Male
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) Feb. 2, 1932

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
	8	10	

OCCUPATION
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

FATHER
13. NAME John Espinosa
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Demetria Juariz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chihuarez Mexico

17. INFORMANT John Espinosa
(ADDRESS) 2112 Mercier

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Marys Cem DATE Oct. 14-32

19. UNDERTAKER Daniels Bros.
(ADDRESS) 644 Kansas Ave. K.C.Ks.

20. FILED 10/14 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13, 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 ...m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
Primary	
108	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis? Autopsy 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
(Signed) Stanley M. Hall, M. D.
(Address) Independence Mo.

N. B. — ... NLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
... formation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEA... in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.