

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
 Township Ward Primary Registration District No. \_\_\_\_\_  
 City Kansas City (No. 2332 Bellview) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 39979  
 Registered No. 4987

**2. FULL NAME**

(a) Residence, No. 2332 Bellview 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>Male</u>	4. COLOR OR RACE <u>Mexican</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>Dec 10<sup>th</sup> 1931</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>-</u>	DAYS <u>16</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	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) Kansas City  
 (STATE OR COUNTRY) Missouri

MOTHER FATHER	13. NAME <u>Amado Lamayo</u>
	14. BIRTHPLACE (CITY OR TOWN) <u>Extitlan</u> (STATE OR COUNTRY) <u>Mexico</u>
	15. MAIDEN NAME <u>Paz Maciaz</u>
	16. BIRTHPLACE (CITY OR TOWN) <u>Extitlan</u> (STATE OR COUNTRY) <u>Mexico</u>

17. INFORMANT Amado Lamayo  
 (ADDRESS) 2332 Bellview

18. BURIAL, CREMATION, OR REMOVAL  
St. Marys Cemetery, Dec 27, 1932

19. UNDERTAKER Daniels Bros  
 (ADDRESS) 624 Kansas Ave

20. FILED Dec. 26, 1932 M.M. Brown  
Arch Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1932, to Dec 26, 1932

I last saw him alive on Dec 25, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Broncho-pneumonia Date of onset  
Dec 25  
10:30 a.m.  
99.9 107.2

Other contributory causes of importance:  
Otitis media ① Dec 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Resection Was there an autopsy? no

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) Charles G. Ellridge, M. D.  
 (Address) 6247 Brookside

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 Charles Eldridge 6247 Brookside