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

Do not use this space. 13479

1. PLACE OF DEATH 393
County Jackson Registration District No. 1608 File No. ....
Township Kaw Primary Registration District No. .... Registered No. 1815
City Kansas City (No. Kansas City General Hospital St. .... Ward)

2. FULL NAME Jennie Zaragoza
(a) Residence, No. 2128 Mercier St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS		
3. SEX: Female	4. COLOR OR RACE: White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Pete Zaragoza		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-24-1914		
7. AGE: YEARS 18	MONTHS 9	DAYS 27; If LESS than 1 day, ...hrs. or ....min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife		
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) Chanute (STATE OR COUNTRY) Kansas		
FATHER 13. NAME Joseph Negrete		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico		
MOTHER 15. MAIDEN NAME Helen Torres		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico		
17. INFORMANT Record Clerk (ADDRESS) K. C. General Hospital		
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt St Marys DATE 4-24-1933		
19. UNDERTAKER Peter B Lapetina (ADDRESS)		
20. FILED Apr. 24 1933 M. M. Crowe Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-26-1933, to 4-21-1933
I last saw her alive on 4-15-1933. Death is said to have occurred on the date stated above, at 3:09 a.m.
The principal cause of death and related causes of importance were as follows: Date of onset
Miliary Tuberculosis
Tuberculous Laryngitis
23a 213
Other contributory causes of importance:
Vincents Angina
8
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 ....
(Signed) P. F. De Maria, M. D.
(Address) Asst. Sup. K. C. Gen Hosp.

MARGIN RESERVED FOR BINDING
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.