

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

Do not use this space.

19896

1. PLACE OF DEATH

County Jackson Registration District No. 349
 Township Jaw Primary Registration District No. 1002
 City Kansas City No. 42 C Gen. Hosp. 12 C Mo St. _____ Ward _____

File No. _____
 Registered No. 2612

2. FULL NAME

(a) Residence, No. 210 W. 23rd 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 _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Mexico

13. NAME Margaret Herra

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

15. MAIDEN NAME Virginia Turk

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

17. INFORMANT Peora Clerk
 (ADDRESS) 42 C Gen. Hosp. 12 C Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's DATE June 24 1933

19. UNDERTAKER Danilo Bros.
 (ADDRESS) 644 Kansas Ave. KC. Kans.

20. FILED 6-23 1933 M. M. Brown
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-9 1933 to 6-22 1933

I last saw him alive on 6-22 1933 Death is said to have occurred on the date stated above, at 7:50 pm.

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

Tuberculosis of lung and peritoneum
 Other contributory causes of importance: Repair of intestinal obstruction
23
25
1908

Name of operation: 5-9-33 Date of _____

What test confirmed diagnosis? _____ 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 _____, 1933

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) J. J. Grunt M. D.
 (Address) Subt. 12 C Gen. Hosp. 12 C Mo
6-23-33

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.

22
 18
 18

