

**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. 399
 Township Kaw Primary Registration District No. 1000
 City Kansas City (No. 2309 Terrace)
 FULL NAME Felipa Gomez St. _____ Ward _____
 (a) Residence, No. 2309 Terrace St. _____ 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.

File No. 29759
 Registered No. 3683
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 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.
About 41
 OCCUPATION 8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. At home
 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) unknown Mexico
 MOTHER 13. NAME John James
 FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown unknown
 17. INFORMANT Albert Gomez
 (ADDRESS) 2309 Terrace
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Marysville DATE sep. 18 1933
 19. UNDERTAKER Daguerls & Sons
 (ADDRESS) 144 Kansas Ave. Kansas
 20. FILED 9-17 1933 M. M. Grove
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep. 14 1933
 22. I HEREBY CERTIFY that I attended deceased from _____ 19____
D. J. Conner
 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:
Abscess of the left lung (Staphylococcus)
 Date of onset _____
 Other contributory causes of importance:
114 B No 114
36 Autopsy
 Name of operation _____ Date of _____
 What test confirmed diagnosis _____ Was there an autopsy yes
 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 an occupational disease?
 If so, specify _____
 (Signed) [Signature] M. D.
 (Address) [Signature]

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.

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