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.

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

Do not use this space.

40069

1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C. Mo (No. Mercy Hospital St. Ward)

Registration District No. 399
Primary Registration District No. 383

File No. 4871
Registered No.

JAN 26 '34

2. FULL NAME Joe Baldivia
(a) Residence, No. 307 Shawnee St., K.C.K. 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 M
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) Jan 13, 1929
7. AGE YEARS 4 MONTHS 10 DAYS 29 If LESS than 1 day, ...hrs. or ....min.

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 Kansas

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

MOTHER
15. MAIDEN NAME Pascula Hernandez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leon Mexico

17. INFORMANT (ADDRESS) John Baldivia 307 Shawnee ave
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Calvary Cemetery DATE Dec 14 1933
19. UNDERTAKER (ADDRESS) Daniels Bros 644 Kansas ave KCK
20. FILED 12/13 1933 M. M. Crowe Asst Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11-, 1933 to 12-12-, 1933
I last saw him alive on 12-12-, 1933 Death is said to have occurred on the date stated above, at 5:05 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Perforating Appendicitis	12-6
General Peritonitis	12-5
171 H	
171 B	
171 C	
171 D	

Other contributory causes of importance: None

Name of operation Appendectomy Date of 12-11-33
What test confirmed diagnosis? Op. 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 in any way related to occupation of deceased?
If so, specify.
(Signed) J. G. Montgomery, M. D.
(Address) 1332 Professional Bldg