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.

8876
1064

APR 25 1934

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township [redacted] — Primary Registration District No. — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Trennadad Gonzalez

(a) Residence, No. 606 Vale K.C.K. 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe.
4. COLOR OR RACE: Mex.
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) May 20th, 1920

7. AGE: YEARS 13 — MONTHS 9 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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 Antonio Gonzalez

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

MOTHER

15. MAIDEN NAME Pascula Barrios

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

17. INFORMANT Eleorensio Gonzalez
(ADDRESS) 606 Vale

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary's Cem. DATE 3/8/34 19

19. UNDERTAKER W. F. Mayberry
(ADDRESS) City

20. FILED Mch 7 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/6/34, 19

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1934, to March 6th, 1934

I last saw her alive on March 4, 1934 Death is said to have occurred on the date stated above, at 310 P.M.

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

Pneumonia Bronchial 1078

Date of onset March 1st

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Rapid Respiration 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? no

If so, specify

(Signed) Ow Johnson, M. D.

(Address) 1207 Rialto Bldg.

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