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.

JUN 19 1934

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

Do not use this space.

16713

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Blue — Primary Registration District No. 1008
City Kansas City Mo (No. Leeds Hospital St. Ward)

File No.
Registered No.

2. FULL NAME Mr. Leon ~~Buenviaje~~ BUENVIAJE.
(a) Residence, No. 2928 — Brighton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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 Philippino
5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Gertrude Buenviaje

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 11 1903

7. AGE — YEARS 31 — MONTHS 0 — DAYS 28 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Philippine Islands

FATHER
13. NAME Mr. Luciano Buenviaje
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philippine Islands

MOTHER
15. MAIDEN NAME 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philippine Islands

17. INFORMANT (ADDRESS) K. C. T. B. Hospital, Leeds

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Park DATE May 10 1934

19. UNDERTAKER (ADDRESS) B. A. Lindsay & Sons

20. FILED May 10, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15, 1934, to May - 9, 1934
I last saw him alive on May 9, 1934. Death is said to have occurred on the date stated above, at 2 P.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
34
23A

Date of onset

Other contributory causes of importance:
Syphilis

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) Paul C Platt, M. D.
(Address) 925 Argyle Bldg

1957