

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

Do not use this space.

24410

1. PLACE OF DEATH

County Jackson Registration District No. 300
Township Kaw Primary Registration District No. 1108, W. 24th St. 02
City Kansas City Mo. St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1108, W. 24th St. St. _____ Ward _____

(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 <u>Female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-23-1884</u>		
7. AGE	YEARS	MONTHS
<u>49</u>	<u>49</u>	<u>7</u>
		DAYS
		<u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico City Mexico</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Husband</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CALVARY</u> DATE <u>7-1-36</u>		
19. UNDERTAKER P. B. LAPETINA (ADDRESS)		
20. FILED <u>July 6, 1936</u> M. M. Crowe Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934

22. I HEREBY CERTIFY that I attended deceased from July 2, 1934, to July 4, 1934
I last saw her alive on July 4, 1934 Death is said to have occurred on the date stated above, at 6 p. m.
The principal cause of death and related causes of importance were as follows:
Acute Myocarditis
Chronic parenchymatous nephritis

Other contributory causes of importance:
Chronic parenchymatous nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? Lab. & Clin. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? Yes
If so, specify _____
(Signed) Richard J. Faymon M. D.
(Address) 2045 Broadway

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.

AUG 21 1934

