NOV 13 1934

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

Do not use this space.

36191

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township ~~Kan~~ — Primary Registration District No. 1002 — Registered No. 4694
City Kansas City (No. General Hospital St. Ward)

2. FULL NAME Joseph Hernandez
(a) Residence, No. 712 Mass St., Kansas City Kansas Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 11 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mch 27 1908
7. AGE YEARS ~~34~~ 25 MONTHS 6 DAYS 24 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) 1933
11. Total time (years) spent in this occupation 2 year

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) El Paso Texas

FATHER
13. NAME Jesus
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mexico

MOTHER
15. MAIDEN NAME Andrea Domingiere
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mexico

17. INFORMANT (ADDRESS) Record Clerk K. C. General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 10/23 1934
19. UNDERTAKER (ADDRESS) Daniels Bros K C Mo
20. FILED OCT 23 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-21-1934
22. I HEREBY CERTIFY, That I attended deceased from 10-20-1934 to 10-21-1934
I last saw him alive on 10-21-1934 Death is said to have occurred on the date stated above, at 6:30 p.m.
The principal cause of death and related causes of importance were as follows:
Bilateral Lobar Pneumonia — Date of onset
108
108
Other contributory causes of importance:
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 in any way related to occupation of deceased? ...
If so, specify ...
(Signed) J H Jennett, M. D.
(Address) Supt K C Gen Hosp KC

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.