

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.

JAN 8 1935

399

1. PLACE OF DEATH

County Jackson  
Township Raut  
City K.C. Mo. (No. 705 W. 32nd St.)

Registration District No. 7002  
Primary Registration District No. \_\_\_\_\_

File No. 43097  
Registered No. FA02  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Ester Ortiz Rivera

(a) Residence, No. 705 W. 32nd St., Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U. S., if of foreign birth? 22 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>- Single -</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 24 - 1904</u>		
7. AGE	YEARS <u>30</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Seamstress</u>	
	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) <u>Dec 13/34</u>	
	11. Total time (years) spent in this occupation <u>10</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>		
MOTHER	13. NAME <u>Francisco Ortiz Rivera</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>	
	15. MAIDEN NAME <u>Micela Soto</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>	
17. INFORMANT <u>Jose Ortiz Rivera</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	<u>Calvary</u>	DATE <u>12-21 34</u>
19. UNDERTAKER (ADDRESS) <u>Ketterlym 2057 Independence K.C. Mo</u>		
20. FILED <u>12-21 34</u> <u>17th. Ave. Wash</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 13 1934 to Dec 20 1934  
I last saw her alive on Dec 20 1934 Death is said to have occurred on the date stated above, at 10:25 a.m.  
The principal cause of death and related causes of importance were as follows:  
Perforation of tubercular ulcer in small intestine Dec 13/34  
25  
25  
Other contributory causes of importance:  
General peritonitis Dec 13/34

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? X (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) Nicolaus J. ... M. D.  
(Address) 2045 Broadway

