

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

Do not use this space.

MAR 20 1935

5462

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 1019) W. 24th St St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1019 W. 24th 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joaquin Rodriguez</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE <u>About 33</u>	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. <u>at home</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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
13. NAME <u>unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
17. INFORMANT (ADDRESS) <u>Joaquin Rodriguez</u> <u>1019 West 24th St. Kansas City Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>St. Calvary Cemetery, Feb 19, 1935</u>		
19. UNDERTAKER (ADDRESS) <u>Daniels Bros</u> <u>2444 Kansas Ave</u>		
20. FILED <u>2/18</u> 19 <u>35</u> M. M. Crowell Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9th, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 2-8, 1935, to Feb 9, 1935
 I last saw her alive on 2:00 P.M. Feb 9, 1935. Death is said to have occurred on the date stated above, at 9:00 m.
 The principal cause of death and related causes of importance were as follows:
Pelvic Peritonitis
3 2
 Other contributory causes of importance:
Acute Salpingitis
Incontinence (Hemorrhoidal)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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) W. H. Thomas M. D.
 (Address) 802 So. W. Blvd. Kansas City, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

48
10
9
28
5
31
31
31

