

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

Do not use this space.

APR 26 1935

9294

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jean Primary Registration District No. 1002
 City Kansas City (No. 72 C General Hosp) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2136 Curlee Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 20 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) Married
 3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sebastiana Gomez
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 45
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1935
 22. I HEREBY CERTIFY, That I attended deceased from 2-23-1935 to 3-21-1935
 I last saw him alive on 3-21-1935 Death is said to have occurred on the date stated above, at 5:22 a.m.
 The principal cause of death and related causes of importance were as follows:
Tuberculosis of Lungs Date of onset _____
Kidney + Spine
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) Coahuila (STATE OR COUNTRY) Mexico
 MOTHER 13. NAME Serenio Gomez
 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mexico
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mexico

17. INFORMANT Peirce Clerk (ADDRESS) 72 C General Hosp
 18. BURIAL, CREMATION, OR REMOVAL PLACE McGowan Cem DATE Mar 23-1935

19. UNDERTAKER Daniels Bros (ADDRESS) 644 Kansas Ave

20. FILED 3-22-1935 M. M. Crow Registrar

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. J. Bennett, M. D.
 (Address) 72 C General Hosp

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

