

MAY 24 1935

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

Do not use this space.

12896

1. PLACE OF DEATH

County JacksonRegistration District No. 1002

Township

Primary Registration District No.

City Kansas City (No. 2139)Ward Madison

File No.

Registered No. 12896St. Madison Ward

2. FULL NAME

(a) Residence, No. 2139 Madison 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 Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 90

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Gacalecas Mexico13. NAME Ciriaco Espargza14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gacalecas Mexico15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gacalecas Mexico17. INFORMANT (ADDRESS) Antonio Sanchez, Son 2139 Madison18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Marys Cem. DATE April 15 - 193519. UNDERTAKER (ADDRESS) Daniels Bros 644 Kansas Ave. N.E. Kans20. FILED 4-14 1935 M. M. Crowe, reg. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 12 - 1935

22. I HEREBY CERTIFY, That I attended deceased from

April 12, 1935, to April 12, 1935I last saw her alive on April 12, 1935. Death is saidto have occurred on the date stated above, at 5:00 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset ?108

Other contributory causes of importance:

Senility

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury 4-12-1935Where 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 XNature of injury X24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Heather Quinn(Address) 2045 Broadway

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.

Jamie H 8939
2045 Broadway

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