

JUN 24 1935

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

Do not use this space.

16412

1. PLACE OF DEATH

County Jackson
Township How
City Kansas City (No. 2417)

Registration District No. 300
Primary Registration District No. 1002
MERCUR

File No. _____
Registered No. _____
St. 1510 Ward _____

2. FULL NAME

Angelita Trausto

(a) Residence, No. 2417 Mercier St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 - 1935

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

22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1935, to May 4, 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1829

I last saw her alive on May 4th, 1935 Death is said to have occurred on the date stated above, at 11:45 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
105 7 3

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

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 _____

Chronic Nephritis
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Other contributory causes of importance:
Chronic Nephritis
Diarrhea

12. BIRTHPLACE (CITY OR TOWN) Los Sauzas (STATE OR COUNTRY) Mexico

Name of operation none Date of _____

13. NAME Unknown

What test confirmed diagnosis? _____ Was there an autopsy? no

14. BIRTHPLACE (CITY OR TOWN) Los Sauzas (STATE OR COUNTRY) Mexico

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Los Sauzas (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Patrick Castro Boardman
2417 Mercier St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem. DATE May 7 - 1935

19. UNDERTAKER (ADDRESS) Daniels Park
644 Kansas Ave. C. Mo.

20. FILED 56, 1935 J. M. Crowe, Jr. Registrar.

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.

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