

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

Do not use this space.

16627

**1. PLACE OF DEATH**

County T Jackson  
Township R Kass  
City J Kansas (No. 2917)

Registration District No. 399  
Primary Registration District No. 100V  
(No. 2917)

File No. \_\_\_\_\_  
Registered No. 2139  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 2417 Mercer St., Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Mex. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wanita Castro  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1910  
7. AGE YEARS 24 MONTHS 7 DAYS \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Texas

13. NAME Victor Castro

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mex.

15. MAIDEN NAME Pauline Abanya

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mex.

17. INFORMANT John Alvarez  
(ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE 5-24-35 19 \_\_\_\_\_

19. UNDERTAKER Peter B. Lagelberg  
(ADDRESS) 536 Campbell

20. FILED May 24, 1935 M. M. Carmine  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-20-1935

22. I HEREBY CERTIFY, That I attended deceased from May 17 1935, to May 20 1935  
I last saw him alive on 2 P.M. 5/20 1935 Death is said to have occurred on the date stated above, at 6 P. m.

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

Bilateral pulmonary tuberculosis Date of onset 2 yrs?  
Other contributory causes of importance: Exhaustion

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none 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) M. G. Gonzalez M. D.  
(Address) 802 So. W. Blvd. K.C. 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.

