

JUL 2 2 1935

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

Do not use this space.

19789

1. PLACE OF DEATH

County Jackson
Township Kan
City Kansas City, Mo

Registration District No. 880
Primary Registration District No. Lakeside Hospital

File No. _____
Registered No. 5332 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 118 North 18th St K.C.K. Ward.

(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>Male</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 - 1935</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>—</u>
		DAYS <u>29</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	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>Kansas City Kansas</u>		
MOTHER / FATHER	13. NAME <u>Joseph Nabrite</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>	
	15. MAIDEN NAME <u>Adriana</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico</u>	
17. INFORMANT <u>Joseph Nabrite</u> (ADDRESS) <u>118 North 18th St K.C.K.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt Calvary</u> DATE <u>June 13, 1935</u>		
19. UNDERTAKER <u>Jos. A. Bitter</u> (ADDRESS) <u>K.C.K.</u>		
20. FILED <u>6-13-35</u> <u>M.D. Crowe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

22. I HEREBY CERTIFY That I attended deceased from June 7, 1935 to 6-11, 1935
I last saw him alive on 6/11, 1935. Death is said to have occurred on the date stated above, at 7:30 p.m.
The principal cause of death and related causes of importance were as follows:
Metastatic Infection Date of onset —
abscess
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Other contributory causes of importance:
Metastatic Infection
abscess following
Circumcision
Name of operation lumbar abscess Date of June 7-9-35
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? _____ 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) Chas. H. McPherson M. D.
(Address) 512 Belmont Bldg.

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.

1512 Belmont Bldg. 11 June

