

JUL 2 2 1935

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

Do not use this space.

19847  
2490

1. PLACE OF DEATH

County Jackson  
Township Cantu  
City Kansas City (No. 2343, Mercer)

Registration District No. 399  
Primary Registration District No. 1002

File No. 19847  
Registered No. 2490  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 2343 Mercer St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 17 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 Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 40

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) Mexico City Mexico

13. NAME Antonio Castaneda

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico City Mexico

15. MAIDEN NAME Gregoria Garcia

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico City Mexico

17. INFORMANT Marciso Sanchez Husband (ADDRESS) 2343 Mercer

18. BURIAL, CREMATION, OR REMOVAL Met St Marys Cemetery June 19, 1935

19. UNDERTAKER J. H. ... (ADDRESS) 644 Kansas St. R.C. Home

20. FILED 6-18 1935 M. Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17 - 1935

22. I HEREBY CERTIFY That I attended deceased from June 16, 1935, to June 17, 1935  
I last saw her alive on June 17, 1935. Death is said to have occurred on the date stated above, at 6:40 a.m.  
The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset June 15, 1935

Other contributory causes of importance: Heart insufficiency

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? No 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) [Signature]  
(Address) 2047 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.

