

JUL 2 2 1935

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

Do not use this space.

19966

1. PLACE OF DEATH

County Jackson
Township 7th
City Kansas City

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 2611 St. Ward)

2. FULL NAME

Ysaura Mendosa
(a) Residence, No. 2345 Cambridge Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29 1935

7. AGE YEARS MONTHS DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as aptianer, 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) KC (STATE OR COUNTRY) Mo.

13. NAME Ysaura Mendosa

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

15. MAIDEN NAME Ysaura Aguilar

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

17. INFORMANT Record Clerk (ADDRESS) K.C.S.H.

18. BURIAL, CREMATION, OR REMOVAL PLACE Deeds DATE 6-27-35

19. UNDERTAKER Pety B. Layton (ADDRESS) 536 Campbell

20. FILED 6/27 1935 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-21 1935

22. I HEREBY CERTIFY, That I attended deceased from 6-21 1935 to 6-21 1935. I last saw him alive on 6-21 1935. Death is said to have occurred on the date stated above, at home. The principal cause of death and related causes of importance were as follows:

Bronchopneumonia
(Primary factor unknown)

Other contributory causes of importance:
107

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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? If so, specify
(Signed) [Signature] M. D.
(Address) K.C.S.H.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

