FEB 20 1936

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

Do not use this space.

1299

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 152
Township Kaw — Primary Registration District No. 1002 — Registered No. 152
City Kansas (No. Mercy Hospital St. Ward)

2. FULL NAME Florida Montoya Montoya
(a) Residence, No. 815 W-21st St., Ward.
(Usual place of abode) (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: Female
4. COLOR OR RACE: Mexican
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 22-1934

7. AGE: YEARS 1 — MONTHS 1 — DAYS 13 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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) K. C. Mo.

FATHER
13. NAME Paul Montoya
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Lucille Rodriguez
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Paul Montoya 815 W-21st St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Calvary Cem. DATE 1-11-36, 19

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

20. FILED Jan 10, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 4, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12-29, 1935, to 1-4, 1936
I last saw her alive on 1-4, 1936. Death is said to have occurred on the date stated above, at 9:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Broncho Pneumonia	12-27-35

Other contributory causes of importance:
(RH) Emphysema apx 1/1/36

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

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) Clyde L. Randall, M. D.
(Address) Mercy Hospital

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.