

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.

FEB 20 1936

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

Do not use this space.

1414

1. PLACE OF DEATH

County Jackson  
Township Kearney  
City Kansas City (No.         )

Registration District No. 399  
Primary Registration District No. 1002  
Mercy Hospital

File No.           
Registered No. 287  
St.          Ward         

2. FULL NAME

(a) Residence, No. 621 S. 4th St.          Ward. K. G. Kans.  
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25-1935

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
         10 22                           

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) Kansas City  
Kansas

13. NAME Rogue Witron

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

15. MAIDEN NAME Clara Dias

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

17. INFORMANT Rogue Witron - father  
(ADDRESS) 621 S. 4th St. K.C. Kans.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary Cem. DATE Jan. 18 1936

19. UNDERTAKER Daniels Bros  
(ADDRESS) 644 Kansas Ave. K.C. Kansas

20. FILED Jan 17 1936 M. M. Crowe  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 17- 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2 1936, to Jan 17 1936

I last saw          alive on Jan 17 1936. Death is said to have occurred on the date stated above, at 2:40 a.m.

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

Acute Enteritis Date of onset 12-31-35

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Other contributory causes of importance: Pneumonia (Pneumonia) 1-8-36

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) J. H. ... M. D.  
(Address) 710 Inf. Bldg. Kansas

