APR 23 1936

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

Do not use this space.
10699
1368

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

2. FULL NAME Gilbert Guerra Jr.
(a) Residence, No. 2321 Garbo 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 Male
4. COLOR OR RACE Mex.
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) Dec. 7-1935

7. AGE — YEARS — MONTHS 3 — DAYS 6 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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 Gilbert Guerra
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Amada Valdena
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Gilbert Guerra 2321 Garbo

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Mary DATE 3-16-36 19

19. UNDERTAKER (ADDRESS) Peter B. Lapeting K. C. Mo

20. FILED 3-14 36 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1936 to 3/13, 1936
I last saw him alive on 3/13, 1936 Death is said to have occurred on the date stated above, at 12 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute mastoiditis	2/24/36
Otitis media (bilateral)	10 [illegible]

Other contributory causes of importance:
Terminal bronchopneumonia 1 day

Name of operation Mastoidectomy Date of 3/13/36
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?
If so, specify
(Signed) Clyde A 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.

UNCLASSIFIED