OCT 15 1936

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

Do not use this space.

34340

1. PLACE OF DEATH
County Jackson — Registration District No. 899 — File No.
Township Kan — Primary Registration District No. 1007 — Registered No.
City K C Mo (No. Mercy Hospital St. 4055 Ward)

2. FULL NAME Sarah Arredondo
(a) Residence, No. 507 No Kansas 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: White
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) Jan 1 - 1936

7. AGE — YEARS — MONTHS 8 — DAYS 1 — 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) Kansas City Mo

FATHER
13. NAME Filomeno Arredondo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Amelia Figueroa
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) Filomeno Arredondo 507 No Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt St Mary's Cem DATE 9/2 1936

19. UNDERTAKER (ADDRESS) A Sebbeto 901 East 4th St

20. FILED 9-2 1936 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Sept 2nd, 1936
I last saw h..... alive on Sept 2, 1936 Death is said to have occurred on the date stated above, at 10 10 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Non Specific Enteritis 1198

Other contributory causes of importance:

Dehydration

Name of operation None Date of
What test confirmed diagnosis Clinical 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 S. Rabula
(Signed) S. Rabula, M. D.
(Address) 710 Pryor Bldg.

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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