

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

Do not use this space.

34493

1. PLACE OF DEATH **OCT 15 1936**

County **Jackson**

Registration District No. **399**

File No. ....

Township **Jacaw**

Primary Registration District No. **1002**

Registered No. ....

City **Kansas City** (No. **22**)

**Gen Hosp**

Ward

2. FULL NAME **Cardenas Infant**

(a) Residence, No. **3520 Barclay** 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 **m** 4. COLOR OR RACE **w.** 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) **9-10-36**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. 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) **KC Mo.**

FATHER 13. NAME **Jesse Cardenas**

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

MOTHER 15. MAIDEN NAME **Anita Munoz**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Granite Mo.**

17. INFORMANT (ADDRESS) **De und Clerk 22 Gen Hosp, KC Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Legals Dept** DATE **9-16** 1936

19. UNDERTAKER (ADDRESS) **James & Weber**

20. FILED **Sept 16 1936 M. M. Brown** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-10-36**

22. I HEREBY CERTIFY, That I attended deceased from **9-10-36 to 9-10-36**

I last saw **him** alive on **9-10-36** Death is said to have occurred on the date stated above, at **11:10 PM**

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

**Prenatal** Date of onset

Other contributory causes of importance:

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, 1936

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) **22 Gen Hosp**

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.

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