NOV 16 1936

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

Do not use this space.
37700

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township ~~Blue~~ — Primary Registration District No. 1002
City Kansas City, Mo (No. Leeds Hospital St. ..... Ward)

File No. ..... Registered No. 4554

2. FULL NAME Felix Valverde
(a) Residence, No. 2127-Madison St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 18 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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. 8, 1918
7. AGE: YEARS 18 — MONTHS 8 — DAYS 4 — 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) Texas

FATHER
13. NAME John Valverde
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

MOTHER
15. MAIDEN NAME Jessie Corral
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico

17. INFORMANT (ADDRESS) K. C. M. T. B. Hospital, Leeds Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Hill DATE 10-14 1936
19. UNDERTAKER (ADDRESS) Quick-Tobin Linwood, Mo.
20. FILED Oct 14, 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 13, 1936, to Oct. 12, 1936
I last saw him alive on Oct. 12, 1936. Death is said to have occurred on the date stated above, at 6:55 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
pulmonary tuberculosis	5 mos

Other contributory causes of importance:
tuberculous pneumonia / WC

Name of operation None Date of
What test confirmed diagnosis? X Ray + Fluoroscopy? No

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? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) W. W. Buckingham M.D.
(Address) Kansas City, Mo.

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.

100M-3-28-35

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