

FEB 25 1937

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

Do not use this space.

1737

1. PLACE OF DEATH

County Jackson  
Township Rox  
City Kansas City, Mo. (No. 1007)

Registration District No. 399  
Primary Registration District No. 1007  
Mercy Hospital

File No. 520  
Registered No. 520  
St.          Ward         

2. FULL NAME

Julia Ivarra  
(a) Residence, No. 2309 Madison K.E. Mo. Ward           
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 6 mos.          ds.          How long in U. S., if of foreign birth? yrs.          mos.          ds.           
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>female</u>	4. COLOR OR RACE <u>Mexican</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31 - 1936</u>		
7. AGE	YEARS	MONTHS
		<u>6</u>
	DAYS	<u>6</u>
	If LESS than 1 day, .....hrs. or .....min.	

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 28 - 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-27, 1937, to 1-28, 1937

I last saw h.          alive on 1-28, 1937 Death is said to have occurred on the date stated above, at 3:50 pm.

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

Date of onset 1-10-36

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         

Other contributory causes of importance:  
10 lbs Med. left.

MOTHER

12. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Missouri

13. NAME Juliana Ivarra

14. BIRTHPLACE (CITY OR TOWN) San Carlos  
(STATE OR COUNTRY) Mexico

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy? Y. E.

15. MAIDEN NAME Benigna Unknown

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

17. INFORMANT Julian Ivarra - Father  
(ADDRESS) 2309 Madison K.E. Mo.

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         

18. BURIAL, CREMATION, OR REMOVAL  
PLACE St. Calvary Ch. DATE Jan 30 - 1937

19. UNDERTAKER Samuel Bros. Funeral Home  
(ADDRESS) 644 Kansas Ave.

20. FILED Jan 29 37 M. M. Brown  
Registrar.

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify         

(Signed) D. B. Sulerberg, M. D.  
(Address) St. Luke's Hospital K.E. Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

