

MAR 13 1937

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

Do not use this space.

6434
823

1. PLACE OF DEATH

County Jackson
Township
City Kansas City (No. _____)

Registration District No. 399
Primary Registration District No. 1002
Mercy Hospital

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME Miguel Pedroza

(a) Residence, No. 2408 Mercer 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 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) March 28, 36
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
10 15-

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 Missouri

13. NAME Antonio Pedroza

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

15. MAIDEN NAME Sara Gomez

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

17. INFORMANT (ADDRESS) Antonio Pedroza - Father 2408 Mercer

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys Cem DATE Feb. 15, 1937

19. UNDERTAKER (ADDRESS) Daniels Paros 644 Kansas Ave. K.C. Mo.

20. FILED 2-13-37 M.M. Crowl Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-13, 1937
22. I HEREBY CERTIFY, That I attended deceased from 1-25, 1937 to 2-13, 1937
I last saw him... alive on 2-13, 1937 Death is said to have occurred on the date stated above, at 5 m.

The principal cause of death and related causes of importance were as follows:
Influenza 10 Date of onset 1-23-37
Broncho pneumonia 10 2-10-37
Other contributory causes of importance:
Bilateral Otitis media 1-27-37

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? 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? _____ (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? no
If so, specify _____
(Signed) Harvey J. Ginn M. D.
(Address) 896 Prof. B. by Kern

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.

