

MAR 13 1937

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

Do not use this space.

6497

1. PLACE OF DEATH

County Madison Registration District No. 399
Township Kan Primary Registration District No. 1002
City Kansas City (No. U.C.C. Gen Hosp.) / St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Nicolas Guerrero
(a) Residence, No. 2311 Terrace St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 18 1889

7. AGE YEARS 47 MONTHS 5 DAYS 2nd If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W.P.A. work

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) Mexico

13. NAME Raymon Guerrero

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

15. MAIDEN NAME Juana Antona

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

17. INFORMANT (ADDRESS) Beard Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Beard DATE 2-18-37 19.

19. UNDERTAKER (ADDRESS) Quirk & Tappin Co

20. FILED 7/17 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-8 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-14, 1937 to 2-8, 1937

I last saw him alive on 2-8, 1937 Death is said to have occurred on the date stated above, at 11:53 a.m.

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

Post operative abdominal mass;
Polyp of stomach
non malignant

Other contributory causes of importance:
Confluent Bilateral Broncho pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Yes

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 _____ (Signed) P. F. De Maria, M. D.
(Address) 502 U.C.C. Gen Hosp.

WRITE PLAIN, 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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