

APR 8 1937

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

Do not use this space.

9525

1. PLACE OF DEATH

County Jackson
Township Man
City Kansas City (No. 2002)

Registration District No. 399
Primary Registration District No. 1002

File No. 9525
Registered No. 2002
Ward

2. FULL NAME

Eulalia Fuentes
(a) Residence, No. 910 Belleme 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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 25

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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Records Dept General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Heads DATE 3-12-37

19. UNDERTAKER (ADDRESS) Quigley & Sohn 20 W. Lincoln

20. FILED Apr 11 1937 M. M. Conover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-25, 1937, to 2-28, 1937

I last saw her alive on 2-28, 1937 Death is said to have occurred on the date stated above, at 1100 W. Lincoln

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

Bronchopneumonia, right base
Endometritis
Chronic Blom. nephritis | 31

Other contributory causes of importance

Old healed abs. - left apex
Cardiac hypertrophy
Cortical adenoma of left adrenal

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, 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) Sup't. C. Gen. Hosp

WRITE PRINTED, 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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