

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

Do not use this space.

MAY 15 1937

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. 2143)

Registration District No. 399
Primary Registration District No. 1002

File No. 15459
Registered No. 2005
St. _____ Ward _____

2. FULL NAME

Nicoldega Gallegos
(a) Residence, No. 2148 Madison St., _____ Ward _____
(Usual place of abode)

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 Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Felix Gallegos

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. About 63

OCCUPATION: 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Calvillo Mexico

MOTHER FATHER: 13. NAME Frank Lips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calvillo Mexico

MOTHER: 15. MAIDEN NAME Eutimia Caspar

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

17. INFORMANT (ADDRESS) John Gallegos, Son, 2143 Madison St. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Calvary DATE Apr. 25 1937

19. UNDERTAKER (ADDRESS) Daniel O'Neil, 644 Kansas Ave. St. Louis

20. FILED Apr 28 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 26 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 9 1937 to Feb 15 1937
I last saw her alive on Feb 15 1937. Death is said to have occurred on the date stated above, at 4:15 p.m.

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

Senecideger
Carcinomatous
Primary lesion in cervix
Other contributory causes of importance: 48

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? NO.
If so, specify _____
(Signed) Frederick J. Reed, M. D.

(Address) 600 Olive St. St. Louis

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.

