

JUL 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas

Registration District No. 399
Primary Registration District No. 1
(No. 1 Meroy. Hospitals)

File No. 22698
Registered No. 2511
St. 1 Ward

2. FULL NAME Eulalia Landin

(a) Residence, No. 115 K.C. Southern Yards, East Bottoms 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 Female 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 5 22

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, Mo.

13. NAME Cragenzio Landin

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

15. MAIDEN NAME Carmen Landin

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

17. INFORMANT Cragenzio Landin
(ADDRESS) 115 K.C. Southern Yards East Bot.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's Cemetery DATE 6.8, 1937

19. UNDERTAKER Peter B. Lapetina
(ADDRESS) K.C. Mo.

20. FILED 6/8 37 M.M. Kerowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/5/37 19

22. I Justus Chinn certify that I attended deceased from 11 to 19

I last saw him live on 227P 19 9 Death is said to have occurred on the date stated above, 227P m.

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

Second and third degree Date of onset

fracture of entire body

Other contributory causes of importance: 181

Name of operation Duhy Date of 6/5/37
What test confirmed diagnosis Duhy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 6/5/37

Where did injury occur? 115 K.C. Southern Yards East Bot. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Killed in bath of water

Nature of injury

24. Was disease or injury related to occupation of deceased?

If so, specify None
(Signed) Justus Chinn 4 M. D.
(Address) 115 K.C. Southern Yards East Bot.

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.

