

OCT 19 1937

Mercy Hospital

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

Do not use this space.

1. PLACE OF DEATH

County JacksonRegistration District No. 399

Township

Primary Registration District No. 1002City Kansas City, Mo.(No. Mercy Hospital)File No. 33222Registered No. 33222

St. _____ Ward _____

2. FULL NAME

Guadalupe Medellin(a) Residence (No. 2021 Bellevue)

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

Female

4. COLOR OR RACE

white

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) April 1, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, _____ hrs.
or _____ min.578. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Child

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
occupation12. BIRTHPLACE (CITY OR TOWN) Kansas City, Mo.
(STATE OR COUNTRY)13. NAME Trinidad Medellin14. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY)15. MAIDEN NAME Conception Picazo16. BIRTHPLACE (CITY OR TOWN) Mexico
(STATE OR COUNTRY)17. INFORMANT Trinidad Medellin
(ADDRESS) 2021 Bellevue

18. BURIAL, CREMATION, OR REMOVAL

PLACE CalvaryDATE 4, 9, 3719. UNDERTAKER Quirk & Tobin Co.
(ADDRESS) 20 W. LINWOOD20. FILED Sept 8 37m. m. Brown

19. _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-7, 193722. I HEREBY CERTIFY, That I attended deceased from
9-4, 1937, to 9-8, 1937I last saw h. er. alive on 9-8, 1937 Death is said
to have occurred on the date stated above, at 5:45 a.m.

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

aAthypsisP. Enteritis11903

Other contributory causes of importance:

Date of onset

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) Sidney Pekula

M. D.

(Address) Professional Bldg.By David Moritz

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.

