

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

REC'D MAR 14 1938

File No. 5589
Registered No. 655
St. _____ Ward)

1. PLACE OF DEATH

County Jackson
Township Jean
City Kansas City (No. KC Gen Hosp)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME

Delia Valasquez 422
(a) Residence, No. 514 1/2 main St. _____ Ward. _____

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4 1938

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

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1938 to 2-4 1938

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

I last saw her alive on 2-4 1938 Death is said to have occurred on the date stated above, at 9:45 PM

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min. 43.

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

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 _____

Chronic Bilateral Pulmonary Tuberculosis with Cavitation Date of onset 23

Other contributory causes of importance: _____

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

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

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) David Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Field DATE 2-8-38

19. UNDERTAKER (ADDRESS) Quirk-Todman

20. FILED 78 1938 m. m. Crowne Registrar.

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. A. De Maria, M. D.
(Address) Supt. K.C. Gen. Hosp. K.C. Mo.

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.

