

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

Do not use this space.

REC'D JUL 12 1938

21172

1. PLACE OF DEATH

County JACKSON Registration District No. 399
 Township KAW Primary Registration District No. 1003
 City KANSAS CITY (No. MERCY HOSPITAL) St. _____ Ward _____

File No. _____
 Registered No. 2622

2. FULL NAME

BENITA JUANNITA-MESA 200
 (a) Residence, No. 411 E. 4th St 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 MEXICAN 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 3-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 2 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant.
 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 MISSOURI

13. NAME MANUAL MESA

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

15. MAIDEN NAME REFUGIA GONZALEZ

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

17. INFORMANT MANUAL MESA (ADDRESS) 411 E. 4th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. ST. MARYS DATE JUNE 30-1938

19. UNDERTAKER A. SEBETO (ADDRESS) 901 E. 5th St

20. FILED June 30, 1938 M. M. Croome Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June-29-1938

22. I HEREBY CERTIFY, That I attended deceased from April 4 1938, to JUNE 29- 1938
 I last saw her alive on JUNE-29- 1938. Death is said to have occurred on the date stated above, at 9²³ a. m.

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

Spina bifida
157A

Other contributory causes of importance:

Hydrocephalus BIRTH

Name of operation Closure of Sac Date of May 4

What test confirmed diagnosis? _____ Was there an autopsy? Yes No. 38

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) Croome M. D.

(Address) 1-316 July 1938

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.

