

REC'D JUN 8 1939

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

Do not use this space.

17636

1. PLACE OF DEATH

County Jackson Registration District No. 391
Township Blue Primary Registration District No. 1007
City Kansas City, Mo. (No. T.B. Hospital) St. _____ Ward _____

File No. _____
Registered No. 2078 St. _____ Ward _____

2. FULL NAME

Evangelina Joy (Joy)
(a) Residence, No. 2133 Madison 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 12th 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>23</u>	<u>2</u>	<u>2</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Loredo, Texas

MOTHER 13. NAME Jos Hernandez 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 1

15. MAIDEN NAME Jonita Pecina 1

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico 1

17. INFORMANT N. C. T. B. Hospital (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn DATE 5-16-39 19

19. UNDERTAKER Weilert Funeral Home (ADDRESS) 2332 Monitor Pl. K.C., Mo.

20. FILED May 15 19 39 M. M. Grove Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from APR 22, 1939, to MAY 14, 1939.

I last saw him alive on 5-14, 1939. Death is said to have occurred on the date stated above, at 8:00 p.m.

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

PULMONARY TUBERCULOSIS 1938

Date of onset 23

Other contributory causes of importance: _____

Name of operation NONE (X-RAY) Date of _____

What test confirmed diagnosis? Sputum Was there an autopsy? No

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 _____ (Specify)
Lawrence M. D. (Address) Kansas City, 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.

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