

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

Do not use this space.

3263

File No. 24851
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 399
Township _____ Primary Registration District No. 1002
City Kansas City (No. 1102 W. 24th) St. _____ Ward _____

2. FULL NAME Marita C. Vasquez
(a) Residence. No. 1102 W. 24th St. 4th 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 OR (OR) WIFE OF Jose C. Vasquez

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 13, 1904

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
24 8 15 — — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Valle de Santrago
(STATE OR COUNTRY) Mexico

10. NAME OF FATHER Benigo Cortes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Valle de Santrago
(STATE OR COUNTRY) Mexico

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Valle de Santrago
(STATE OR COUNTRY) Mexico

14. INFORMANT Jose C. Vasquez
(Address) 1102 W. 24th St.

15. FILED 7/29, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28, 1929

17. I HEREBY CERTIFY That I attended deceased from July 26, 1929, to July 28, 1929
that I last saw her alive on July 26, 1929, and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor, Pneumonia
108

CONTRIBUTORY (SECONDARY) 101a

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? _____
DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____
WHAT TEST CONFIRMED DIAGNOSIS? _____
(Signed) Nicola J. Garcia M.D.
729 1/2 (Address) 2340 Duquesne

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem. DATE OF BURIAL July 29, 1929

20. UNDERTAKER Daniel Bros ADDRESS 644 Kansas

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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