

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

Do not use this space.

30815

1. PLACE OF DEATH

County Jackson
Township Haw
City Kansas City

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 3838
St. _____ Ward _____

2. FULL NAME

Elena Morales
(a) Residence. No. 2332 Garber 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-11 1929

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

17. I HEREBY CERTIFY, That I attended deceased from 8-6, 1929, to 9-11, 1929, that I last saw her alive on 9-11, 1929, and that death occurred, on the date stated above, at 8:00 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 18 - 1902

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
29 0 22

Chronic Tuberculosis of lungs

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

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 31
(duration) _____ yrs. _____ mos. _____ ds.

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mexico

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Josinto Becerra

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mexico

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Concepcion Gonzalez

WHAT TEST CONFIRMED DIAGNOSIS _____ (Signed) P. E. Williams M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mexico

9-11 : 19 29 (Address) Subt K.C. Gen. Hosp

14. INFORMANT Beura Clerk (Address) K.C. General Hosp

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

15. FILED 9/11 19 29 M. M. Lesome REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Calvary Cem DATE OF BURIAL Sept 12 1929

20. UNDERTAKER Amerson & Son ADDRESS K.C.M.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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