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.

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

Do not use this space.

12596

1. PLACE OF DEATH
County Jackson — Registration District No. 39 — File No. 1532
Township Kaw — Primary Registration District No. 1004 — Registered No.
City K.C. Mo. (No. 2317 Holley St. Ward)

2. FULL NAME Anita Montoya
(a) Residence. No. 2317 Holly St., 3 Ward. (If nonresident give city or town and State)
(Usual place of abode)
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: Fe M
4. COLOR OR RACE: Mex
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 31

7. AGE — YEARS: — MONTHS: 10 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): none
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K.C. Mo

PARENTS
10. NAME OF FATHER: Paul Montoya
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mex
12. MAIDEN NAME OF MOTHER: Luz Rios
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mex

14. INFORMANT (Address): Paul Montoya 2317 Holley

15. FILED 4/14th 1932 N. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 10 1932

17. I HEREBY CERTIFY: That I attended deceased from April 10, 1932, to April 10, 1932 that I last saw h..... alive on April 10, 1932, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia
108 108 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs Symptoms
(Signed) Nicolas Jaime M. D
4/10 1932 (Address) 2035 Broadway

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mt. Fr. Marys — DATE OF BURIAL: 4/12 1932

20. UNDERTAKER: Kettarlin — ADDRESS: K.C. Mo