

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

Do not use this space.

16723

1. PLACE OF DEATH

County Jackson
Township Kan
City Big Blue

Registration District No. _____

File No. _____
Certificate No. 2220
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Big Blue Junction _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Mex 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Baby

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 18, 33

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

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) Sheffield mo
(STATE OR COUNTRY) _____

10. NAME OF FATHER Doric Gutierrez

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

12. MAIDEN NAME OF MOTHER Jessie Gonzalez

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

14. INFORMANT Jos Gutierrez
(Address) Big Blue Junction

15. FILED 5-24-33 M.M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 19 33

17. I HEREBY CERTIFY, That I attended deceased from _____ 1933 to _____ 1933 that I last saw her alive on 18 _____ 1933 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Embolism

(Duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Primalur Birth 7. mo
(SECONDARY)

(Duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 159

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) E. D. Martin M. D.
(Address) 800 W. 1st St.

*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 W.S.F. Mary DATE OF BURIAL May 23 19 33

20. UNDERTAKER Ketterlin ADDRESS City

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.

WHITE PRINT WITH UNFADING INK—THIS IS A PERMANENT RECORD

THE DIVISION OF LABOR

IN THE UNITED STATES

BY

W. L. BRANT

CHIEF, DIVISION OF LABOR