

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

Do not use this space.

16779

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Four Primary Registration District No. 203
 City W.C. Mo. (No. Wiley Hospital) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Mannel Alvarado
 (a) Residence, No. 608 E 4th 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 Male 4. COLOR OR RACE Mexican 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 - 1932
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hra. ormin.
2 2 29
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Kansas City Mo
 13. NAME Joe Alvarado
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico
 15. MAIDEN NAME Francis Ortiz
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico
 17. INFORMANT (ADDRESS) Joe Alvarado
 18. BURIAL, CREMATION, OR REMOVAL PLACE St of Marys DATE 5/15 4
 19. UNDERTAKER (ADDRESS) Lucille Carman
 20. FILED May 15 1934 m. m. Corone Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-13 1934
 22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to May 13, 1934
 I last saw him alive on May 13, 1934. Death is said to have occurred on the date stated above, at 7:50 p.m.
 The principal cause of death and related causes of importance were as follows:

Branchio Pneumonia Date of onset 5-1-34
Bilateral acute otitis media 5-1-34

Other contributory causes of importance: 1011

Name of operation none Date of _____
 What test confirmed diagnosis? St. Mary 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? no
 If so, specify _____
 (Signed) Lucille Carman, M. D.
 (Address) 3006 Flora Ave
Kansas City, Mo.

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

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.

JUN 1 9 1934

~~Prof. J. M. ...~~
Mr. N. M. ...
Prof. J. M. ...

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