

JAN 17 1938

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

Do not use this space.
V

44284

1. PLACE OF DEATH

County *Jackson*

Registration District No. *399*

Township *Raw*

Primary Registration District No. *1002*

City *Kansas City*

(No. *2404*, *Mercier*)

File No.

5187

Registered No.

St.

Ward)

2. FULL NAME *Florentino Alvarez*

(a) Residence, No. *2404*

(Usual place of abode)

Mercier St.,

Ward.

(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) *Child*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1/11-37*

7. AGE

YEARS *0*

MONTHS *11*

DAYS *12*

IF LESS than 1 day,hrs. ormin.

OCCUPATION

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*

MOTHER FATHER 13. NAME *Joe Alvarez*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mexico 19*

15. MAIDEN NAME *Reberta Garcia*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mexico 18*

17. INFORMANT (ADDRESS) *Joe Alvarez 2404 Mercier*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St Marys*

DATE *12/24-37*

19. UNDERTAKER (ADDRESS) *John A. ...*

20. FILED *Jan 24 1938*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-23-37*, 19

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw him *Deputy Coroner* 19

Death is said

to have occurred on the date stated above, at *2209*

The principal cause of death and related causes of importance were as follows:

Bronchopneumonia

Date of onset

Other contributory causes of importance *None*

Name of operation

Date of

What test confirmed diagnosis *Pulver*

Was there an autopsy?

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?

If so, specify

(Signed) *Dr. ...*, M. D.

(Address) *...*

10/10

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Jackson City Primary Registration District No. 1002
 City Jackson City (No. 2404) Mercer File No. 44284
 Registered No. 5187 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2404 Mercer 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 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) _____

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
11

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

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) _____

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 24 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 23 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the day stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset _____

Other contributory causes of importance: _____

none 1076

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) Russell W. Herr M. D.

(Address) Jackson City, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGES should be stated EXACTLY. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied.

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