

SEP 6 1935

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

28383  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002 Registered No. 3385  
 (c) City Kansas City Mo. (d) Street No. 913 West 23rd Street K. C. Mo. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lucia Gomez Valenciano

(a) Residence, No. 913 West 23rd St. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 2 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Mexico

13. NAME Doroteo Gomez

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

15. MAIDEN NAME Kathelina Rivera

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

17. INFORMANT (ADDRESS) Mr. Paul Valenciano  
913 W. 23rd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Marys DATE Aug. 29, 1935

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Weilert Funeral Home  
2332 Monitor Plaza

20. FILED 8/28 1935 M. M. Brown  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-26-35 19

22. I HEREBY CERTIFY, That I attended deceased from 8:20-39 19  
 I last saw Deputy Coroner to 2:00 PM Death is said to have occurred on the date stated above, at 2:00 PM  
 The principal cause of death and related causes of importance were as follows:

Paternal apical pulmonary tuberculosis & embolization  
Pulmonary hemorrhage

Other contributory causes of importance:

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? Yes

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) Victor H. Sutter M. D.  
K. C. Mo  
 (Address)

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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Blaine E. Ueber

Licensed Embalmer No. 4075

P. O. Address 2332 Monitor

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**