

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

24613

2514

1 PLACE OF DEATH  
County Jackson  
Township Kaw  
or  
Village  
or  
City Kansas City (NO. 3827, Tompson St., Ward)

Registration District No. 600  
Primary Registration District No. 1002

File No.  
Registered No.

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME Marinda Jones

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED <u>Married</u> (Write the word)
6 DATE OF BIRTH <u>Jan 2</u> , 1 <u>842</u> (Month) (Day) (Year)		
7 AGE <u>74 yrs 6 mos 24 ds.</u>		If LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry business, or establishment in which employed (or employer)		
9 BIRTHPLACE (City or town, State or foreign country) <u>Iowa</u>		
PARENTS	10 NAME OF FATHER <u>Phillip Hupp</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ohio</u>	
	12 MAIDEN NAME OF MOTHER <u>Ella Forshea</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Iowa</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Elsie Marshall  
(Address) 4520 Holly st

15 Geo F Miller  
Filed 2 1916  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH  
July 27, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 1, 1916, to July 20, 1916 that I last saw her alive on July 10, 1916 and that death occurred, on the date stated above, at 1103 Pm.

The CAUSE OF DEATH\* was as follows:

Cancer of liver

46 E

CONTRIBUTORY (Secondary) (Duration) yrs mos ds.

(Signed) Eugene S Hamilton M. D.  
7-28, 1916 (Address) K. City, Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death 7 yrs mos ds. In the 20 yrs mos ds.  
State 20 yrs mos ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt Washington DATE OF BURIAL July 27, 1916  
20 UNDERTAKER Freeman & Marshall ADDRESS 3146 Main st.

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.

