

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

Do not use this space.

18430

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 2538
 Township Kaw Primary Registration District No. 1002 Registered No. 2538
 City Kansas City (No. 1632 W. 59th St.) St. _____ Ward _____

2. FULL NAME

Leola Grace Jones
 (a) Residence. No. 1632 W. 59th St. St. 8 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Richard M. Jones
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 13, 1890
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 37 5 8
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Kansas City (STATE OR COUNTRY) Kansas
 10. NAME OF FATHER W. E. Lee Harrison
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Texas
 12. MAIDEN NAME OF MOTHER E. Elizabeth Vaughn
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Saline County, Mo.

14. INFORMANT Richard M. Jones (Address) 1632 W. 59th St.

15. FILED 6/22 27 M. M. Croome REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 21 1927
 17. I HEREBY CERTIFY That I attended deceased from June 12th 1927 to June 21 1927 (that I last saw her... alive on June 21st 1927, and that death occurred, on the date stated above, at 6:35 a.m.)

THE CAUSE OF DEATH WAS AS FOLLOWS
Acute Heart Block -
925 Strokes Adams Syndrome
75A (duration) yrs. mos. 1 1/2 hrs.
 CONTRIBUTOR Chronic Myocarditis (SECONDARY) (duration) 2 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9003 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN ANESTHETIC? no

WHAT TEST CONFIRMED DIAGNOSIS? 6/21 (Spec. by) Dr. W. Washington, M.D.
1927 (Address) 1315 Ratsch Berg.
 *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 Forest Hill DATE OF BURIAL June 23 1927

20. UNDERTAKER D. W. Newsome's Son ADDRESS 2111 E. 9th 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.

RECORD THIS IS A PERMANENT RECORD

1325 Results Blg.

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