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

Do not use this space.

21619

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City (No. Ormond Hotel St. Ward)

File No.: [illegible]

Registered No.: 24001

2. FULL NAME Mrs Susan Jones

(a) Residence. No. Ormond Hotel St., 13 Ward.

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Lent Permt 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 20 - 1835

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	92	4	8	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Home

(b) General nature of industry, business, or establishment in which employed (or employer):

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Near Quebec Canada (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Frederick Anderson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Josephine Depouche

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Quebec Canada

14. INFORMANT Mrs Jennie Schultz (Address) Ormond Hotel

15. FILED 7/28, 1927 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1927

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1927 to July 28, 1927, that I last saw her alive on July 28, 1927, and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral Cardiac Insufficiency

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

Unknown to me

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Geo F Hamel M. D.

July 28, 1927 (Address) 900 Rialto Bldg.

*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: Port Huron Michigan — DATE OF BURIAL: 7/31 1927

20. UNDERTAKER: Eylar Bros — ADDRESS: 1800 Linwood

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.