

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 50000
 Township Kearney Primary Registration District No. 1097 Registrar No. 650
 City Kansas City No. Old City Hospital St. Ward

2. FULL NAME

William Jones
 (a) Residence. No. 1609 Troost St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Ella Jones
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 25, 1866
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 61 3 16
 8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Common Labor
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Kansas
 (STATE OR COUNTRY)

10. NAME OF FATHER Charles W. Jones

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ella Jones
 (Address) 1609 Troost Ave

15. FILED 9/14, 28m. m. Conner
 REGISTRAR Conner

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-11-24

17. I HEREBY CERTIFY, That I attended deceased from 1924
 that I last saw h..... alive on , 1924, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental Automobile
fracture
310 m (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Chert C. used
1880 (duration) yrs. mos. da.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? ye

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) , M. D.

(Address) Deputy Coroner

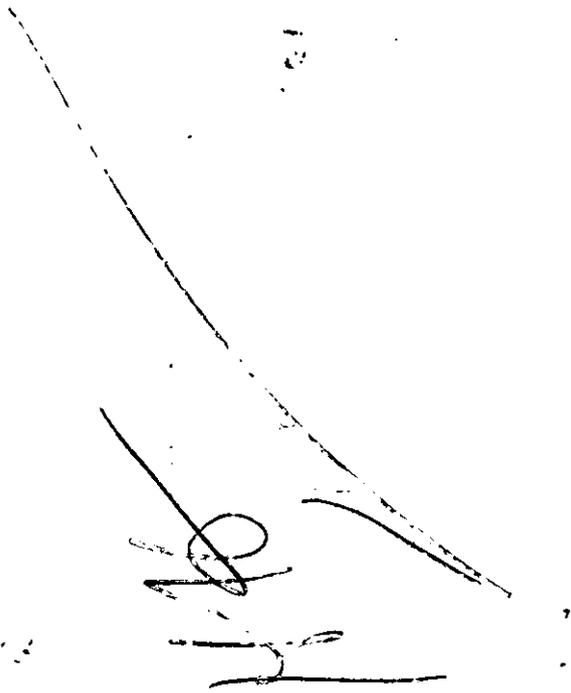
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL W 3rd Lawn DATE OF BURIAL 7/26/24, 1928

20. URBERTAKER Adkins Bros ADDRESS 2123 Vine

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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