

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

Do not use this space.

8808

1. PLACE OF DEATH

County Jackson
Township Franklin
City Kansas City (No. 1st)

Registration District No. _____
Primary Registration District No. _____

File No. _____
Registered No. _____
(Hospital) St. Lukes Hospital (Ward) _____

2. FULL NAME

Mrs. Margaret M. Jones
(a) Residence, No. 3201 Benton St. Word _____
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. 14 mos. 14 da. (If nonresident give city or town and State)
How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (unless the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R.P. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 13

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) Russellville
(STATE OR COUNTRY) Ky.

PARENTS

10. NAME OF FATHER Mr. H. Henry

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER Nan Hester

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
(STATE OR COUNTRY) _____

14. INFORMANT Mary Nan Jones
(Address) 1600 E 32nd St.

15. FILED 3-3 1928 M.M. Crowe REGISTRAR
asst.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-3 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 25, 1928, to March 3, 1928, that I last saw h. alive on March 3, 1928, and that death occurred, on the date stated above, at 2:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

107A
112
Bronchial pneumonia
(duration) yrs. mos. da. 5
CONTRIBUTORY Bronchial asthma
(SECONDARY) (duration) yrs. mos. da. 2

18. WHERE WAS DISEASE CONTRACTED 107A
IF NOT AT PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) A. A. Frey, M. D.
7-3, 1928 (Address) Medical 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 St. Joseph, Mo DATE OF BURIAL 3/3 1928

20. UNDERTAKER Edman Mortuary ADDRESS 45 E. Calumet

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.

8/8

Medical Art Bldg.