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

Do not use this space.

27343

File No. [illegible]
Registered No. [illegible]

**1. PLACE OF DEATH**

County: Jackson
Township: Raw
City: Kansas City (No. Kansas City General Hosp. St. ..... Ward)
Registration District No.
Primary Registration District No.

**2. FULL NAME** Jones Lela

(a) Residence. No. 427 Bass St., 2 Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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) |
|---|---|---|
| F. | W. | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 16, 1891

| 7. AGE | Years | Months | Days | If LESS than 1 day, ____ hrs. or ____ min. |
|---|---|---|---|---|
| | 36 | 7 | 28. | |

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) Pleasanton
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kansas

14. INFORMANT Ed Ward Clerk
(Address) Kansas City General Hosp.

15. FILED 8/14, 1928 M. M. Emery
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-1, 1928, to 8-14, 1928, that I last saw h. alive on 8-11, 1928, and that death occurred, on the date stated above, at 12:05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Generalized Peritonitis
138 139B
129
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abscess of Ovary
Not Tuberculous, Puerperal or Pyococcus
(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? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) P. E. Williams, M. D.
8/15, 1928 (Address) Gen Hospt KC

*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: Atchison Kans. DATE OF BURIAL: 8-14 1928

20. UNDERTAKER: D. H. Newcomer's Sons ADDRESS: KC Mo

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.

THIS IS A PERMANENT RECORD, WITH UNFADING INK