WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

33849

1. PLACE OF DEATH U.S.V.Hosp. #67 399

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. 4391

City Kansas City, Mo. (No. U. S. Veterans Hospital Ward)

2. FULL NAME JONES, Walter Fleming C-1 227 960 SPBW

(a) Residence. No. 324 Brownell Ave. St., Ward. Pvt. Co 27th Engrs.
(Usual place of abode) Joplin, Missouri. (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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): April 4 1891

7. AGE: Years 37 — Months 6 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Joplin
(STATE OR COUNTRY): Missouri

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

14. INFORMANT: Hospital Records.
(Address): 27th & Pasco Blvd

15. FILED 10/30, 1928 M. M. Craine asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 29 1928

17. I HEREBY CERTIFY, That I attended deceased from July 9, 1928, to October 29, 1928, that I last saw him alive on October 29, 1928, and that death occurred, on the date stated above, at 2:35 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis, chr. Parenchymatous
23A
32C
131 (duration) 1 or more. yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Tuberculosis, pul. chr. Adv B Disseminated. Pneumonoconiosis. (duration) 1 or more. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab & Physical Findings

10/30 (Signed) W. E. Chambers M. D
(Address) W.E.CHAMBERS, Medical Officer in Charge
U.S.V.Hosp. Kansas City, Missouri.

*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: Joplin Mo.
DATE OF BURIAL: 10/30 1928

20. UNDERTAKER: The Taylor Funeral Home Inc
ADDRESS