

JAN 22 1929

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

Do not use this space.

39912

1. PLACE OF DEATH

County Clay
Township
City Excelsior Spgs (No.)

Registration District No. 198
Primary Registration District No. 3011

File No.
Registered No. 128
St. Ward

2. FULL NAME George R Jones

(a) Residence. No. 115 N Excelsior St St. Kansas City Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred - yrs. 3 mos. - da. How long in U.S., if of foreign birth? - yrs. - mos. - da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 7 - 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Truck farmer
(c) Name of employer self

9. BIRTHPLACE (CITY OR TOWN) Portsmouth
(STATE OR COUNTRY) Va

10. NAME OF FATHER Ellis Jones

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

12. MAIDEN NAME OF MOTHER Hester Boyd

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

14. INFORMANT H. D. Schraeder
(Address) 217 N Union St Indpls Mo

15. FILED 12/22 19 28 Y. D. Craven
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21 19 28

17. I HEREBY CERTIFY That I attended deceased from Dec 9 19 28, to Dec 21 19 28 that I last saw him alive on Dec 21 19 28, and that death occurred, on the date stated above, at 7:15 9 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Arteriosclerosis
97
118/118
1948 (duration) years mos da.
CONTRIBUTOR Influenza or exposure
(SECONDARY) from going out cold night
(duration) years mos da.

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

0 DID AN OPERATION PRECEDE DEATH? no DATE OF —

0 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) Y. D. Schraeder, M. D.
, 19 Excelsior Spgs Mo (Address)

*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 Woodland Cemetery Indpls Mo DATE OF BURIAL Dec 22 19 28

20. UNDERTAKER W. Mitchell Independence Mo ADDRESS

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.

