

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.

1491

1. PLACE OF DEATH

County Jackson
Township Kau
City Kansas City (No. 1718 Madison)

Registration District No. 399
Primary Registration District No. 1002

File No. 79
Registered No. 79
St. Madison Ward

2. FULL NAME

(a) Residence. No. 1718 Madison St. 3 Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe. 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18, 1888

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 8 17

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) Brookfield Missouri
(STATE OR COUNTRY)

10. NAME OF FATHER James Thomas

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

12. MAIDEN NAME OF MOTHER Annex Jones

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

14. INFORMANT Ralph Jones
(Address) 1718 Madison

15. FILED 17 19 29 M. M. Grove
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/5 19 29

17. I HEREBY CERTIFY That I attended deceased from Dec. 14, 1928, to Jan 5, 1929
that I last saw him alive on Jan 5 12:15 P.M., and that death occurred, on the date stated above, at.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bilateral Pneumonia

11A
108 (duration) yrs. mos. 8 da.

CONTRIBUTORY (SECONDARY) Spanish Influenza
(duration) yrs. mos. 14 da.

19. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) Dr. Miller, M. D.

1-7 19 29 (Address) 1504 E 18 - Kleno

*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 Brookfield Mo. DATE OF BURIAL 1/7 19 29

20. UNDERTAKER Watkins Bros ADDRESS 1729 Lydia

