

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.

1510

1. PLACE OF DEATH

County Jackson
Township Law
City Kansas City (No. Kansas City Genl. Hosp.)

Registration District No. 399

Primary Registration District No. 1002

File No. 989

Registered No. 125

2. FULL NAME

(a) Residence. No. 1215 W 34 St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 9 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 OR (or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 1, 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work new Bonding
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) W 39th St
(STATE OR COUNTRY) Kansas City Mo

10. NAME OF FATHER Leonard Jones

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

12. MAIDEN NAME OF MOTHER Artrude Lindsey

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

14. INFORMANT Reverend Clerk
(Address) K.C. General Hosp.

15. Jan 9, 1929 M. M. Corcoran
REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-9 19 29

17. I HEREBY CERTIFY, That I attended deceased from 1-1 19 29 to 1-9 19 29, and that I last saw him alive on 1-9 19 29, and that death occurred, on the date stated above, at 6:10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Con genital syphilis of the heart

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH:

0 DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical findings
(Signed) P. E. Williams M. D.

1-10 19 29 (Address) Supt K. C. Genl Hosp

*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 DATE OF BURIAL

St. Marys Jan 10, 1929

20. UNDERTAKER

Mrs. C. L. Foster 71 E. Mo.

