5919

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

Do not use this space.

33674

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1012 E. 15th st. St. Ward)

File No.
Registered No. 4122

2. FULL NAME Russell Theron Jones
(a) Residence. No. 1012 E. 15th St. Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male.	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June. 20. 1895

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	34	3	11	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER Chas. F. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Terre Haute
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Ella. Maines
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs Chas F. Jones
(Address) 1012 E 15

15. FILED 10/3, 1929 M. M. Crowe REGISTRAR
Asst

2 MEDICAL CERTIFICATE OF DEATH Tuesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 1st 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1929, to Sep 30, 1929 that I last saw he alive on Sep 30, 1929, and that death occurred, on the date stated above, at 3:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paretic Convulsions
83
34 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cerebral Paresis
Syphilis (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Wassermann's Test
(Signed) Edward C. Teubel, M. D.
10/2, 1929 (Address) 532 Altman Bldg

*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 Forest Hill — DATE OF BURIAL 10-3 1929

20. UNDERTAKER Cylar Funeral Home — ADDRESS 1800 Linwood

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.

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Teubel 532 [illegible] [illegible]

4121 [illegible] Wab. 1065