

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

Do not use this space.

1138

1. PLACE OF DEATH

County Jackson
Township Rain
City Kansas City (No. 3317 East 30th St 2nd floor)

Registration District No. 502

Primary Registration District No. 11

File No. 125
Registered No. 125
St. 11 Ward 11

2. FULL NAME

(a) Residence. No. 3317 East 30th St. 11 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 47 yrs. — mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Enoch Spencer Jones

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

July 5 - 1853

7. AGE

76

YEARS

MONTHS

5

DAYS

4

IF LESS than 1

day, _____ hrs.
or _____ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

Retired

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Pekin Ill

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Hugh Watson

Scotland

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Margaret Patterson

Scotland

14. INFORMANT

(Address)

Mrs. Manfred Hall
3317 East 30th St 2nd fl.

15. FILED

Jan 10 30 Dr. M. Croche
Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1-9-30

17.

I HEREBY CERTIFY, That I attended deceased from Sept 4, 1929, to Jan 9, 1930, that I last saw him alive on Jan 9, 1930, and that death occurred, on the date stated above, at 10:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. A. B. Nephritis

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

Glandular Infection
(duration) _____ yrs. 6 mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Dr. M. Croche M. D.
110, 1930 (Address) Kansas City, Mo.

*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

W. H. Washington Cemetery Jan 11 1930

20. UNDERTAKER

ADDRESS

W. H. Washington Cemetery 3133 Euclid

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.

