

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 215 Cherry)

Registration District No. 399
Primary Registration District No. 1009

1217

File No. 208
Registered No. 208 (Ward)

2. FULL NAME

(a) Residence. No. Edgerton Mo. St. Mo. 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 M 4. COLOR OR RACE Wh 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) June 15, 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
45 7

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Edgerton Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John C. Jones

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

12. MAIDEN NAME OF MOTHER Mary Wilson

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

14. INFORMANT James D. Jones
(Address) Edgerton Mo.

15. FILED Feb 30 1930 J. M. Crowe REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 15 1930

17. I HEREBY CERTIFY That I attended deceased from Deputy Coroner
 , 19 , to , 19 ,
that I last saw h. alive on , 19 , and that
death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pericarditis (with adhesion)
90B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(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? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.

1/15, 1930 (Address) Deputy Coroner

*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 Edgerton Mo. DATE OF BURIAL 1-17 1930

20. UNDERTAKER Peter B. Lapetina ADDRESS Kansas City Mo.

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.

207
1

