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.

33038

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4268

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 112 S Topping St. Ward)

2. FULL NAME ~~Harrisonville, Mo~~ Mrs. Nancy Margaret Jones

(a) Residence. No. Harrisonville, Mo. 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)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Thomas P. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 3, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	69	0	17	

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Versalles Mo.

PARENTS

10. NAME OF FATHER: William M. Jester

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): N. C.

12. MAIDEN NAME OF MOTHER: Mary E. Hughes

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

14. INFORMANT: Mrs. Roxie Lee McDaniels
(Address) 112 S Topping

15. FILED 10/21, 1930 M. M. Crowe Asst REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1930 to Oct 20, 1930 that I last saw her alive on Oct 6, 1930 and that death occurred, on the date stated above, at 12:25 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

46B Carcinoma of Liver
46E (duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Cause of Cardia
Stomach (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?

(Signed) Dean S Rising M. D.
10/20, 1930 (Address) 602 Argyle 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: Harrisonville, Mo.
DATE OF BURIAL: 10-22-30 19

20. UNDERTAKER: R. V. Lindsey & Sons, Inc.
ADDRESS: Kans City Mo