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

Do not use this space.

36386

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. St. Lukes Hospital St. Ward)

Registration District No.: 399
Primary Registration District No.: 1002

File No.:
Registered No.: 4796

2. FULL NAME: Edward Dwight Jones
(a) Residence. No. 4200 Charlotte St., 6 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 | Married |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 30, 1889

| 7. AGE | Years | Months | Days | If LESS than 1 day, ...hrs. or ...min. |
|---|---|---|---|---|
| | 41 | | 27 | |

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

9. BIRTHPLACE (CITY OR TOWN): Danville,
(STATE OR COUNTRY): Ill

PARENTS

10. NAME OF FATHER: James F. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Rachel Lloyd
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: B. C. Mankin
(Address): 28 East 35th St.

15. FILED 11/28, 19 30 M. M. Crowe REGISTRAR

## MEDICAL CERTIFICATE OF DEATH Nov. 27, 30

16. DATE OF DEATH (MONTH, DAY AND YEAR) 19

17. I HEREBY CERTIFY, That I attended deceased from Nov 19th, 1930, to Nov 27, 1930, that I last saw him alive on Nov 27, 1930, and that death occurred, on the date stated above, at 10:45 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Pulmonary tuberculosis
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) Lobar Pneumonia
(duration) yrs. mos. 8 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D.
11/28, 1930 (Address) 1225 Baltimore Blvd.

*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: Mt. Moriah Cemetery
DATE OF BURIAL: 11-29-30 19

20. UNDERTAKER: R. V. Lindsey & Sons, Inc.
ADDRESS: K 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.

A. Conningo Griffith