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

Do not use this space.

5715

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. [illegible] — Registered No. 808
City K. C. Mo (No. K. C. General Hospital St. Ward)

2. FULL NAME Mrs Marie D. Jones
(a) Residence. No. 1207 Hasbrook St., 1 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 Female
4. COLOR OR RACE white
5. ~~SINGLE~~, MARRIED, ~~WIDOWED OR DIVORCED~~ (~~write the word~~) married.

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND ~~OF~~ (~~OR~~) ~~WIFE OF~~ Geo Frederick Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 11-1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
30.	5	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home. 235
(b) General nature of industry, business, or establishment in which employed (or employer) mother
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Quitman Mo. 1
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER James Douglas Malvern
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown 31
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Vina Weddel.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Geo F. Jones
(Address) 1207 Hasbrook

15. FILED 2/19, 1931 M. M. Crowe REGISTRAR
Assn

MEDICAL CERTIFICATE OF DEATH Wednesday

16. DATE OF DEATH (MONTH, DAY AND YEAR) Febr. 18 1931

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 11.55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
140
179 (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) Septic abortion
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 11-5 A
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Stanley M. Hall, M. D.
2/18, 1931 (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 Quitman Mo.
DATE OF BURIAL Sep 2/19 1930

20. UNDERTAKER Taylor Funeral Home
ADDRESS K C 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.