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

Do not use this space.

14155

1. PLACE OF DEATH

County Jackson — Registration District No. 329

Township Kaw — Primary Registration District No. 1008

City Kansas City (No. 6223 E. Lee St. St. Ward)

File No. 1864

Registered No. 1864

2. FULL NAME Louisa A. Jones

(a) Residence. No. 6223 Lee st. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 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	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William T. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan .9, 1852.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	79	2	28	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(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) Missouri

PARENTS

10. NAME OF FATHER Hiram Sloan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

14. INFORMANT Mrs. Mattie Williams
(Address) 6223 Lee St.

15. FILED 4/9 1931 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 7, 1931

17. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1931, 19 1, to April 7, 1931 that I last saw her alive on April 7, 1931, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C
101A
(duration) 5 yrs. 6 mos. — ds.

CONTRIBUTORY (SECONDARY) Bronchial Pneumonia
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED at Home
IF NOT AT PLACE OF DEATH Place of Death
DID AN OPERATION PRECEDE DEATH? No DATE OF X
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) Dr. Frank E. Day, M. D.
4/8, 1931 (Address) 4316 E. 9th. st.

*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
Forest Hill Cem.	4-9-31
20. UNDERTAKER	**ADDRESS**
J.P.Louis Funeral Home	City.

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD