

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

Do not use this space.

1100

**1. PLACE OF DEATH**

County Jackson Registration District No. 389

Township Kear Primary Registration District No. 1003

City Kansas City (No. 1320, Highland)

File No. \_\_\_\_\_  
Registered No. 138  
St. 2nd Ward

**2. FULL NAME** Nettie Jones

(a) Residence. No. 1320 Highland St. 2nd 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**

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 12 1932

17. I HEREBY CERTIFY. That I attended deceased from Nov 9 1931 to Jan 12 1932  
that I last saw her alive on Jan 9 1932 and that death occurred, on the date stated above, at 2-14 P.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Hemorrhage Left Breast

50 (duration) yrs. mos. da.  
CONTRIBUTORY (SECONDARY) Carcinoma Left Breast  
(duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH. no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no ①

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
JAN 13 1932 (Signed) R.B. Bishop M. D.  
(Address) Route 2, Kan City, Kans

\*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 West Lawn DATE OF BURIAL 1-15 1932

20. UNDERTAKER K. E. Emb & Sonnet Co ADDRESS 440 State Ave Kan City

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 9th 1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52 5 3

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. House work 25  
(b) General nature of industry, business, or establishment in which employed (or employer). At Home 50  
(c) Name of employer 103

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO 1

10. NAME OF FATHER Richard Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ala 2

12. MAIDEN NAME OF MOTHER Pauline White

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO 1

14. INFORMANT Alberta Payton (Address) 1320 Highland

15. FILED Jan. 14 1932 M. M. Kerow REGISTRAR

Exact statement of OCCUPATION is very important.

Be sure to state if any of property classed.

PARENTS

