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.

1206

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1002 — Registered No. 244
City Kansas City Mo. (No. Gen Hosp # 2 St. Ward)

2. FULL NAME Jones Georgia
(a) Residence. No. 1618 E 19th St St., 4 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: Fem.
4. COLOR OR RACE: aa
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 8-25-1882

7. AGE: 49 YEARS — MONTHS: 4 — DAYS: 19 — If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none 235
(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): Jefferson City Mo. 1

PARENTS
10. NAME OF FATHER: Henry Bass
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): ? 31
12. MAIDEN NAME OF MOTHER: Adelia Talbert
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo. 1

14. INFORMANT: Record Clerk
(Address) Gen Hosp NO II

15. FILED Jan 21, 1932 M. M. Crowe REGISTRAR
Asst

## MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 1-13 1932

17. I HEREBY CERTIFY, That I attended deceased from 11-23, 1931, to 1-13, 1932 that I last saw her alive on 1-13, 1932, and that death occurred, on the date stated above, at 6:25 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insuf.
730
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 730
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
6 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clin & lab
(Signed) D. M. Miller, M. D.
1/14, 1932 (Address) Gen. Hosp NO. II

*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: Leeds Mo — DATE OF BURIAL: 1-21 1932

20. UNDERTAKER: H Bmoore — ADDRESS: 1820 E