

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.

MAY 25 1932

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

Do not use this space.

12429 ✓

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 30.19  
City Dark Valley (No. ....) St. .... Ward)

File No. ....  
Registered No. 137

2. FULL NAME Alice Jones

(a) Residence, No. 1249 N. Garland St., .... 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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 - 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
40 7 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME Albert Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Engene Jones (ADDRESS) Street Station

18. BURIAL, CREMATION, OR REMOVAL was down PLACE Independence DATE 4-12 1932

19. UNDERTAKER W. H. King (ADDRESS) 1729 India Ave

20. FILED April 11, 1932 J. Cook Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932 to April 9, 1932  
I last saw her alive on Apr 9, 1932 Death is said to have occurred on the date stated above, at ..... m.

The principal cause of death and related causes of importance were as follows:  
P. B. Pneumonia

Other contributory causes of importance: La Grippe

Name of operation .....  
What test confirmed diagnosis? Signs - symptoms Date of .....  
Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
Where did injury occur? ..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify .....  
(Signed) J. H. Griffin, M. D.  
(Address) Independence, Mo.

Date of case: Apr 11 1932

