

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

Do not use this space.

35874

**1. PLACE OF DEATH**

County Jackson Registration District No. \_\_\_\_\_  
Township Kaw Primary Registration District No. \_\_\_\_\_  
City Keokuk (No. \_\_\_\_\_) Wesley Hosp St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4384  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Leon L. Jones  
(a) Residence No. 1305 So 33rd St. X; 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 male 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 \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 13 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
25 4 8

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Manager 1170  
(b) General nature of industry, business, or establishment in which employed (or employer) Restaurant 21  
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Celebrine 2  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm O Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wales 8  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Cherie Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo 2  
(STATE OR COUNTRY)

14. INFORMANT Wm O Jones  
(Address) Independence, Mo

15. FILED Nov 22 1932 M. M. Brown REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 21 1932

17. I HEREBY CERTIFY, That I attended deceased from Oct 22, 1932 to Nov 21, 1932  
that I last saw him alive on Nov 21, 1932 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Operation for perforated duodenal ulcer  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) Perforated duodenal ulcer  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 30 ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 20 1932

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laparotomy  
(Signed) J. F. Mackey, M. D.

(Address) Kansas City, Mo

\*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 Maple Hill DATE OF BURIAL Nov 23 1932

20. UNDERTAKER Ammonson Son ADDRESS 16 E 7th

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.

DEPARTMENT RECORD

Dr. J. J. Mackey  
Superintendent