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.

JAN 7 1933

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

Do not use this space.

38932

1. PLACE OF DEATH

24 County Clay — Registration District No. 198 — File No.

2 Township Fishing river — Primary Registration District No. 3011 — Registered No. 148

4 City Excelsior Springs (No. ..... St. ..... Ward)

2. FULL NAME Matilda Susan Jones

(a) Residence, No. 314 So Kansas City ave (Usual place of abode) ..... Ward. ..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 yrs. mos. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: Add Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 2. 1852

7. AGE: YEARS 80 — MONTHS 8 — DAYS 16 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Cario Missouri

FATHER

13. NAME: Harvey Brock

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Matilda Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Ad Jones Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Crown Hill DATE Dec 20 1932

19. UNDERTAKER (ADDRESS): Herbert Hope Excelsior Springs, Mo.

20. FILED 12/20 1932 Y. D. Craven Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 18, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 5, 1932 to Dec. 18, 1932

I last saw her alive on Dec. 17th, 1932. Death is said to have occurred on the date stated above, at 5 a. m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Influenza	12/5/32
11B	
162	

11B

Other contributory causes of importance: Old age, Senility

Name of operation — Date of —

What test confirmed diagnosis? — 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) John J. Gaines, M. D.

(Address) Excelsior Springs, Mo.