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 24 1933

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

Do not use this space.

39518

1. PLACE OF DEATH

48 County Jackson — Registration District No. 398 — File No.

5 Township Blue — Primary Registration District No. 3019 — Registered No. 405

8 City Independence (No. 1121 S. Noland St. Ward)

2. FULL NAME Eldridge Jones

(a) Residence, No. 1121 S. Noland St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/10/1841

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
91	6	10	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year) 12/17

11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fostersburg Illinois 2

FATHER

13. NAME Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Ralph K. Jones Indppendence, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Highd Park KCK DATE 12/23, 1932

19. UNDERTAKER (ADDRESS) Geo. H. Long K C K

20. FILED Dec. 22 1932 F. L. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 10th, 1932 to 12/20, 1932

I last saw him alive on 12/19, 19... Death is said to have occurred on the date stated above, at 10:35 pm

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

Influenza

11A
10A

Date of onset

Other contributory causes of importance:

Lobular Pneumonia

8 Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

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? ...

If so, specify ...

(Signed) C. Pfenninger, M. D.

(Address) Independence Mo

Dr Krimminger Farmers & Mer Bank
Indp 266