

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.

WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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

Do not use this space.

1591

1. PLACE OF DEATH
 48 County Jackson Registration District No. 389
 10 Township Kaw Primary Registration District No. 1002
 9 City Kansas City (No. St. Mary's Hospital) St. _____ Ward _____
 2. FULL NAME Mary Katherine Jones
 (a) Residence, No. Berkshire Hotel St. 13 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1878
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 8 4 13
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Bookkeeper for
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chas. E. Brown Printing Co.
 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) IOWA

13. NAME Thomas N. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information North Carolina

15. MAIDEN NAME Phoebe Barnett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information Indiana

17. INFORMANT (ADDRESS) A. M. Jones Kansas City

18. BURIAL, CREMATION, OR REMOVAL PLACE Earlham, Iowa DATE January 10, 1933

19. UNDERTAKER (ADDRESS) Stine & McQuinn 3235 Gillman Place

20. FILED Jan 9, 1933 M. M. Cigone Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 7, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Jan 7, 1933
 I last saw her alive on Jan 6, 1933. Death is said to have occurred on the date stated above, at 2 A. m.
 The principal cause of death and related causes of importance were as follows:

Empyema
9.30
150
9310
 Other contributory causes of importance: myocardia
 Date of onset _____

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? no

If so, specify _____
 (Signed) A. E. Embank, M. D.
 (Address) 636 A. 7th St. Bldg

Dr. J. E. ...
Argyle B. ...
J.