

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

Do not use this space.

**19970
2688**

1. PLACE OF DEATH

County Jackson County Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 2501, Highland) St. _____ (Ward)

File No. _____
Registered No. _____

2. FULL NAME

William Jones
(a) Residence, No. 2501 Highland Ave. St. 4 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 17 '64
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 8 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Waverly MO

13. NAME Benjamin Jones

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

15. MAIDEN NAME Ellen Anderson

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

17. INFORMANT (ADDRESS) Mrs. Lizzie Hamilton
2501 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE June 28 1933

19. UNDERTAKER (ADDRESS) C. H. COUNTRY & Son
City

20. FILED June 28 33 M. M. Grove
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1933

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1933 to 6-25-1933
I last saw him alive on 6-25-1933. Death is said to have occurred on the date stated above, at 1:45 a.m.
The principal cause of death and related causes of importance were as follows:
Date of onset _____

Rupture of aortic aneurysm
96
Other contributory causes of importance:
Aortic Chl. Blomerul. Myeloides

Name of operation 220 Date of _____
What test confirmed diagnosis? Lab. X-ray Was there an autopsy? 220

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 220 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? 220

If so, specify _____
(Signed) [Signature] M. D.
(Address) 311 New Centre Bldg.

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.

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