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

Do not use this space.

23405

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399 — File No.: 3112
Township: Ward — Primary Registration District No.: 8008 — Registered No.:
City: Kansas City (No. Kansas City General Hospital St. ; Ward)

2. FULL NAME: Betty Jones
(a) Residence, No. 2731 Jarbo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 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 —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 6-23-1930
7. AGE: Years 3 — Months 1 — Days 6 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child
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): Kansas City Missouri

FATHER
13. NAME: George Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Emma McGuire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Richard Clark 1516 General Hospital
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Floral Hill DATE: Aug 1 1933
19. UNDERTAKER (ADDRESS): M. Rs. C. L. Hunter 1718 Brooklyn Ave
20. FILED: Aug 1, 1933 M. M. Crowder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-29-, 1933
22. I HEREBY CERTIFY, That I attended deceased from 7-29-, 1933, to 7-29-, 1933
I last saw her alive on 7-29-, 1933. Death is said to have occurred on the date stated above, at 5:20 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Whooping cough	
9	
62 A	

Other contributory causes of importance: General Tenemenage

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?
If so, specify
(Signed) J. H. Jennett M. D.
(Address) Jackson Co Gen Hosp KCMo
7-31-33

SEP 26 1933

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.