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.

SEP 26 1933

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

Do not use this space. 26613

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3363
Township Kan — Primary Registration District No. 1602 — Registered No. 3363
City K. C. Mo (No. Gen. Hosp # 2 St. Ward)

2. FULL NAME Jesse Jones
(a) Residence, No. Gen Hosp # 2 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. 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 Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS about 60 MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. not employed
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) Unknown

FATHER
13. NAME Richard Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elvira Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Record Clerk Gen Hosp # 2
18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge L DATE 8-23, 1933
19. UNDERTAKER (ADDRESS) H B Moore 820 E 18th St
20. FILED 8/23, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12/33, 19
22. I HEREBY CERTIFY, That I attended deceased from Dysentery Chronic, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 8:55 a.m.
The principal cause of death and related causes of importance were as follows: Chronic Febrile Myocarditis — Date of onset
93 C
Other contributory causes of importance:
Name of operation no Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? yes
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) [signature], M. D.
(Address) [illegible]