FEB 2 1934

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

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

Do not use this space.

1037

1. PLACE OF DEATH

County Jackson — Registration District No. 344

Township ~~Kaw~~ — Primary Registration District No. 1

City Kansas City (No. 533 Gladstone St. Ward)

File No.

Registered No. 8

2. FULL NAME Martha Hathaway Jones

(a) Residence, No. 533 Gladstone St., 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Edward Winston Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): February 2, 1855

7. AGE: YEARS 78 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Pennsylvania

FATHER

13. NAME: Edward Hathaway

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER

15. MAIDEN NAME: Martha Cothern

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Laura Jones, 533 Gladstone

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Cemetery
PLACE Mt Washington DATE 1-3- 1934

19. UNDERTAKER (ADDRESS): Stine & McClure, 3233 Gillham Place

20. FILED Jan 2, 1934 M. M. Crowe, Asst Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): January 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1933, to Jan 1, 1938

I last saw her alive on Jan 1, 1938. Death is said to have occurred on the date stated above, at 1 A.m.

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

	Date of onset
Acute nephritis - glomerula	
127 / 130	

Other contributory causes of importance: Acute Cholecystis

Name of operation no — Date of

What test confirmed diagnosis? Edema — 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) E. L. Miller, M. D.

(Address) 1032 Professional