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.

APR 25 1934

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

Do not use this space.

File No. 5264
Registered No. 1006

1. PLACE OF DEATH
County: Jackson
Township: Blue
City: Leeds Station (No. Leeds Hosp. St. Ward)
Registration District No. 3 9 9
Primary Registration District No. 1 0 0 2
Non-City

2. FULL NAME Alonzo Jones Jr
(a) Residence, No. 2137 Metcalf St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Mexican
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): May 25-1912

7. AGE: Years 21 Months 8 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.: 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): Salamanas Mexico

FATHER
13. NAME: Joe Flores Sr
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salamanas Mexico

MOTHER
15. MAIDEN NAME: Pochita Ortega
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Salamanas Mexico

17. INFORMANT (ADDRESS): C. K. C. J. B. Hosp. Leeds Station - K.C.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Calvary Cemetery DATE: Mar 2 1934

19. UNDERTAKER (ADDRESS): D. Aniello Bros 644 Hardes ave KCK

20. FILED: 3/4 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-24 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933, to Feb-24, 1934
I last saw h. alive on Feb-23, 1934. Death is said to have occurred on the date stated above, at 3 35 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyemia Th.	
Pott's disease	
Tuberculosis enteritis	

Other contributory causes of importance:

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?
If so, specify
(Signed) Paul C. Platt, M. D.
(Address) 925 Argyle Bldg