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.

AUG 20 1934

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

SEP 20 1934

Do not use this space.

29377

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3794
Township Kaw — Primary Registration District No. 1002 — Registered No.
City K. C. Mo. (No. General Hosp. #2 St. 3rd Ward)

2. FULL NAME Pearl S. Jones
(a) Residence, No. 1714 Virginia 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 Male — 4. COLOR OR RACE Colored — 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-21-1896

7. AGE — YEARS 37 — MONTHS 9 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) Kans.

FATHER
13. NAME Walter Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

MOTHER
15. MAIDEN NAME Pauline Laighton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

17. INFORMANT (ADDRESS) Record Clerk General Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland Cem. DATE Aug 13th 1934

19. UNDERTAKER (ADDRESS) West Appleton & Gover 600 E 19th St

20. FILED 8/13 1934 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-9 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1934, to 8-9 1934
I last saw him alive on 8-9 1934. Death is said to have occurred on the date stated above, at 6:10 P. M.
The principal cause of death and related causes of importance were as follows:

Thermic Fever
Pulmonary Edema

Date of onset

Other contributory causes of importance:
Myocardial Degeneration

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) B. O. Brown M. D.
(Address) General Hosp. #2