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.

JUN 24 1935

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

Do not use this space.

16729

1. PLACE OF DEATH
County Jackson — Registration District No. — File No.
Township Kane — Primary Registration District No. — Registered No.
City Kansas City (No. Trinity Luthern Hosp St. 2202 Ward)

2. FULL NAME James E Jones
(a) Residence, No. 3437 Troost 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feby 22 1851

7. AGE: YEARS 84 — MONTHS 3 — 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.: E & B. T. Co
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): N.Y.

FATHER
13. NAME: James E Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

MOTHER
15. MAIDEN NAME: No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Frank Jones, Maple Pk Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: SW Wash — DATE: May 31, 1935

19. UNDERTAKER (ADDRESS): Mrs C. L. Foster, 918 Brooklyn

20. FILED: 5/31, 1935 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27th, 1935, to May 28th, 1935
I last saw him alive on May 28, 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Mitral Insufficiency	
Aortic regurgitation	

Other contributory causes of importance: Senile debility

Name of operation: None — Date of —
What test confirmed diagnosis? Clinical — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — 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) Grover C Rice, M. D.
(Address) 206 Hyde Park Bldg. Kansas City Mo

206 Hyde Pk Bldg
39th Main