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.

JUL 22 1935

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

Do not use this space.

16753
2351

File No.
Registered No.

1. PLACE OF DEATH
County Jackson
Registration District No.
Township Kaw
Primary Registration District No. 1
City Kansas City Mo. (No. 1214, Highland St. Ward)

2. FULL NAME Hardy Jones
(a) Residence, No. 1214 Highland St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1893

7. AGE: Years 42 | Months 3 | Days 0 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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) Waco Texas

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

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

17. INFORMANT (ADDRESS) Hallie Jones, Widow 1214 Highland

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blue Ridge DATE 6-10, 1935

19. UNDERTAKER Adkins Bros.
(ADDRESS) 2000 E. 12th

20. FILED 6/8, 1935 M. M. Crowe 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 Oct. 16, 1934, to May 28, 1935
I last saw him alive on May 28, 1935. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
I Rheumatic Heart Disease	1 year
a. Mitral Regurgitation	1 year
b. With decompensation	6 mos.
	2 days

Other contributory causes of importance:

Name of operation ..... Date of
What test confirmed diagnosis? Physical Ex. 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 X Exept. to Exposure (damp)
(Signed) Leo Hedgepeth, M. D.
(Address) 1619 E. 12, K. C. Mo

X 5 years special study of heart