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.

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

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

Do not use this space.

NOV 25 1935

1. PLACE OF DEATH

County: Jackson — Registration District No.: 398 — File No.: 32605

Township: Blue — Primary Registration District No.: 5554 — Registered No.: 318

City: ..... (No.) ..... St. ..... Ward)

2. FULL NAME: William Jones

(a) Residence, No.: 1733 Hawthorne 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: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct-13-1891

7. AGE: Years 40 — Months 0 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Federal R. Bank

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): Kansas

FATHER

13. NAME: William Jones

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

MOTHER

15. MAIDEN NAME: Nettie Sandis

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

17. INFORMANT (ADDRESS): Mrs. Blanche Jones, 1733 Hawthorne

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Reading - Kansas — DATE: Oct. 17, 1935

19. UNDERTAKER (ADDRESS): Mrs C. S. Forster, 918 Brooklyn

20. FILED: 10-19-1935 — F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10/13, 1935, to 10/15, 1935

I last saw him alive on 10/15, 1935. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Bronchial Pneumonia	
acute Myocarditis	

Other contributory causes of importance: Coryza

Name of operation: ..... Date of: .....

What test confirmed diagnosis: Clinical 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) Willma, M. D.

(Address) 10307 Indp Ave KCMo.

FEB 6 1947

JUN 13 1950

Dr. C. S. Gillmor
1030 Andys Road
5:00