

' JAN 23 1938

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

Do not use this space.

39628

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township KawPrimary Registration District No. 1002City Kansas City -(No. 4234 Wabash)File No. 57110Registered No. 4777

St. _____ Ward)

2. FULL NAME Arrest Chappell Jones(a) Residence, No. 4234 Wabash St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF MRS. Russie Jones6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 15 - 18877. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 7 298. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Conductor9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Chicago & Alton10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 3512. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BLUE SPRINGS Missouri13. NAME Wm. H Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Lucy Montgomery16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Mrs. Russie Jones
(ADDRESS) 4234 Wabash18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE DECEMBER 16, 193519. UNDERTAKER Mrs. Newcomer Samp
(ADDRESS) On Sand at Bush Creek20. FILED Dec 16 1935 M. M. Corone
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 14, 193522. I HEREBY CERTIFY, That I attended deceased from Dec 15th, 1935, to Dec 14th, 1935I last saw him alive on Dec 13th, 1935 Death is said to have occurred on the date stated above, at 4:30 p.m.

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

Arthritis (Goutic) with Arteriosclerosis - deficiency

Date of onset

Other contributory causes of importance: MS

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 _____, 1935

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) James D. Smith M.D.(Address) 607 Arroyo Bldg. R. C. Mo

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.

Dr J D Smith

206 W 51st Street