JUL 24 1936

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

Do not use this space.

23065

File No. 23098
Registered No. 23098

1. PLACE OF DEATH
County: Jackson — Registration District No.: 399
Township: Kaw — Primary Registration District No.: 1002
City: Kansas City (No. KC Gen Hosp St. Ward)

2. FULL NAME: Evan Jones

(a) Residence, No. 6 09 E 12th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 27 1862

7. AGE: Years 73 | Months 7 | Days 27 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME: Wm Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Mary Jenkins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): Relative Clerk KC Gen Hosp KCM

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lima Ohio DATE: 6-25 1936

19. UNDERTAKER (ADDRESS): Eads Bros

20. FILED: 6/25 1936 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-24 1936

22. I HEREBY CERTIFY, That I attended deceased from 5-26 1936, to 6-24 1936
I last saw him alive on 6-24 1936. Death is said to have occurred on the date stated above, at 10:00 pm
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diabetic Gangrene of leg	

Other contributory causes of importance:
Gas Bacillus infection leg

Name of operation: Date of:
What test confirmed diagnosis? 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
(Signed) J. H. Jennett, M. D.
(Address) KC Gen Hosp

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.

WHITE—PERMANENT, WITH OR WITHOUT ATTACHING INFANTILE PERMANENT RECORD