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.

DEC 18 1936

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

Do not use this space.

40407

1. PLACE OF DEATH
County Buchanan — Registration District No. — File No.
Township — Primary Registration District No. 1001 — Registered No. 1383
City St. Joseph. (No. 120 Francis St. Ward)

2. FULL NAME Agnes Ec Jones
(a) Residence, No. 120 Francis 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: Female
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: Charles Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/12/'99.
7. AGE: YEARS 37 — MONTHS 8 — DAYS 22 — 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.: Housewife
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): St. Joseph, Missouri.

FATHER
13. NAME: Leonard Ward
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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

17. INFORMANT (ADDRESS): Charles Jones, 120 Francis
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetery DATE 11/9/'36. 19
19. UNDERTAKER (ADDRESS): Graves Funeral Home, 806 South 17th St.
20. FILED Nov 9 1936. H J Nettlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/4/36. 19

22. I HEREBY CERTIFY, That I attended deceased from October 21, 1936, to November 4, 1936
I last saw her alive on November 4, 1936. Death is said to have occurred on the date stated above, at 8:00 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage, Apoplexy	10-21

Other contributory causes of importance:
Natural

Name of operation None Date of None
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? None Date of injury None, 19
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Ey Strawn M. D.
(Address) STRAWN, M. D.
1908 Messanie St.
ST. JOSEPH, MO.