

FEB 25 1937

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

Do not use this space.

1324

File No. 115  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County Jackson  
Township Dean  
City Kansas City (No. 7 C Gen Hosp.)

Registration District No. 399  
Primary Registration District No. 1002

2. FULL NAME

Arthur Jones  
(a) Residence, No. 1419 E. 9th St. Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6, 1937

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

I HEREBY CERTIFY, That I attended deceased from 1-3, 1937 to 1-6, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23, 1898

I last saw him alive on 1-6, 1937 Death is said to have occurred on the date stated above, at 7:10 a.m.

7. AGE YEARS 58 MONTHS 3 DAYS 13

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Automobile  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mechanic  
10. Date deceased last worked at this occupation (month and year) Nov 1936  
11. Total time (years) spent in this occupation 18 1/2

Chronic glomerular nephritis; Hypertrophy of heart  
Other contributory causes of importance: Bronchitis pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macomb, Mo.

13. NAME Henry Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Harold C. Jones (ADDRESS) 1419 E. 9th St. W.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill Cem. DATE Jan 8, 1937

19. UNDERTAKER Simonson, Son (ADDRESS) Kansas City, Mo.

20. FILED 1-8, 1937 M.M. Crowe, Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external cause (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) P. F. De Maria, M. D.  
(Address) 7 C Gen Hosp. C

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

