

APR 8 1937, MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9521

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kear Primary Registration District No. 1002
City Kansas City, Mo. R. C. Gen Hosp St. _____ Ward _____

File No. _____
Registered No. 1238

2. FULL NAME

Arvis Jones
(a) Residence, No. 2529 1/2 St. _____ Ward _____
(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. (If nonresident, give city or town and State)

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) 9-18-1877

7. AGE YEARS 59 MONTHS 5 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Ill

13. NAME Thomas Jones

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

15. MAIDEN NAME Elizabeth Rodan

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

17. INFORMANT (ADDRESS) De Wad Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE 3-12-37

19. UNDERTAKER (ADDRESS) Quirk & Robin

20. FILED Mar 11, 1937 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23-1937

22. I HEREBY CERTIFY, That I attended deceased from 2-15-37 to 2-23-37, 1937

I first saw him alive on 2-23-37, 1937 Death is said to have occurred on the date stated above, at 3:30 P.M.

The principal cause of death and related causes of importance were as follows: Lobar Pneumonia Date of onset _____

Other contributory causes of importance: Chronic glomerular nephritis, Hypertrophy and dilatation heart

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? yes

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. _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) P. T. De Maria M. D.

(Address) St. R. C. Gen Hosp

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

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.

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