

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

Do not use this space.

**MAY 15 1937**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City (No. 4401 Penn S treet)

Registration District No. 399  
Primary Registration District No. 1002

File No. 15150  
Registered No. 15150  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Mrs. Frances A. Jones

(a) Residence, No. 4401 Penn S treet St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 60 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, KIND OF HUSBAND OF (OR) WIFE OF Kneeland P. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 10 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 1 29 38

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Dover, MO

FATHER 13. NAME Edwin Clay White  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond, Va

MOTHER 15. MAIDEN NAME Antonia Wendling

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

17. INFORMANT (ADDRESS) R. P. Jones - Sr

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 4/12/37

19. UNDERTAKER (ADDRESS) Greenman Mortuary & Chapel  
104 Or. 42nd St

20. FILED Apr 9 1937 M. M. Crowne  
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 9 1937

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1936, to Apr 9 1937. I last saw her alive on Apr 7 1937. Death is said to have occurred on the date stated above, at 2 A m.

The principal cause of death and related causes of importance were as follows:  
Coccidia simplex Date of onset 7/1/36  
Primary in right vent metastasized to liver. 50  
Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Chemical 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 \_\_\_\_\_  
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 Edwin C White M.D. M. D.  
(Signed) 1032 Prof -  
(Address)

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

