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.

SEP 21 1937

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

399

Do not use this space.

29889

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City (No. General Hospital St. Ward)

Registration District No. 1002
Primary Registration District No.

File No.
Registered No.

2. FULL NAME William A. JONES
(a) Residence, No. 2509 Montgall St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17th, 1902

7. AGE: Years 35 Months 3 Days 7 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Express Messenger
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Railway Express
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

FATHER
13. NAME William Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Bonnie Kash
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs Luetta Jones, widow, 2509 Montgall, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Washington DATE 8/26/37. 19

19. UNDERTAKER (ADDRESS) Mellody - McGilley K. C. Mo.

20. FILED Aug. 26, 1937 M. M. Crowe, asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/24/37 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gunshot wound of the neck	
Hemorrhage of the neck	

Other contributory causes of importance:

167 lb

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 8/24/37
Where did injury occur? Kansas City (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place
Manner of injury Trauma by firearms
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) ....., M. D.
(Address) .....