

NOV 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. 36712
Township A. C. Mo. Primary Registration District No. 300 Registered No. 3rd
City General Hoop #2 St. 3rd Ward

2. FULL NAME

Alfred W. Jones
(a) Residence, No. 1723 Forest St. 3rd 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (WIFE DE)
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23 1903
7. AGE YEARS 34 MONTHS 6 DAYS 19 If LESS than 1 day, hrs. of min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook
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) Mo.
13. NAME George Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wells Co.
15. MAIDEN NAME Single
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paoli Co Mo.
17. INFORMANT (ADDRESS) Record Clerk
18. BURIAL, CREMATION, OR REMOVAL PLACE Westlawn DATE Oct. 15, 1937
19. UNDERTAKER (ADDRESS) Nathan W. Shatkin 1520 N. 5th St. R. C. K.
20. FILED 10-15-37 M. M. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-12-1937
22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1937, to 10-12, 1937.
I last saw him alive on 10-12, 1937. Death is said to have occurred on the date stated above, at 6:45 A.M. in.
The principal cause of death and related causes of importance were as follows:
Far Advanced Pulmonary Tuberculosis
23
Other contributory causes of importance:
Old Colostomy (Post-operative)
Name of operation Clinical Date of No
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? No Date of injury No, 1937
Where did injury occur? No
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury No
Nature of injury No
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify No
(Signed) J. O. Henry M. D.
(Address) General Hoop #2

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.

