

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

Do not use this space.

**NOV 18 1937**

36948

**1. PLACE OF DEATH**

County JACKSON Registration District No. 399  
Township PAW Primary Registration District No. 1002  
City MANSAS CITY (No. ST. JOSEPH HOSPITAL)

File No. \_\_\_\_\_  
Registered No. 65737  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** MRS. ALICE LUCY JONES

(a) Residence, No. ELDON, MO. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX FE. 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 30, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF FRANK JONES

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1937 to Oct 30, 1937  
I last saw him alive on Oct 20, 1937 Death is said to have occurred on the date stated above, at 3:40 p. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 23 - 1862

The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction Date of onset \_\_\_\_\_  
Uremic Coma  
Sq. 1

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
74 11 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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 \_\_\_\_\_

Other contributory causes of importance:  
Chronic nephritis  
Cholecystitis with gall stones  
Diabetes Mellitus  
Name of operation intestinal obstruction of Oct 29, 1937  
What test confirmed diagnosis? Roentgen Was there an autopsy? yes

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

13. NAME B. F. COTTEN

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

15. MAIDEN NAME LYDIA A BUNKER

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

17. INFORMANT Lyman Jones (ADDRESS) 5202 6th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE ELDON, MO. DATE Nov 2, 1937

19. UNDERTAKER D. W. NEWCOMERS SONS (ADDRESS) 302 2nd St. ELDON

20. FILED Oct 31, 1937 M. M. Brown Registrar.

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. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Ernest W. Carones, M. D.  
(Address) 652 Andy Hookway  
KEMO

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.

5130. Street

(Take with square 730)