

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

Do not use this space.

DEC 20 1937

40120

**1. PLACE OF DEATH**

County Jackson  
 Township Kaw  
 City Kansas City

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. 1823 Independence Ave.

File No. \_\_\_\_\_  
 Registered No. 4439  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Harkness Jones

(a) Residence, No. 1823 Independence Ave. Ward. \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>63</u>	<u>62</u>	<u>7</u>	<u>1</u>	

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Clerk Grain

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Office

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) Penn.

13. NAME John B. Jones

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

15. MAIDEN NAME Elizabeth Pikands

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

17. INFORMANT Mary Jones  
 (ADDRESS) 1823 Independence

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mary's DATE Nov. 4 1937

19. UNDERTAKER D. J. McCormick's Sons  
 (ADDRESS) \_\_\_\_\_

20. FILED Nov. 4 1937 M. M. Lawrence  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1920 to Nov. 4 1937  
 I last saw him alive on Oct. 30<sup>th</sup>, 1937. Death is said to have occurred on the date stated above, at 6:50 a.m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset \_\_\_\_\_

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Other contributory causes of importance:

Chronic Endocarditis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 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? No  
 If so, specify \_\_\_\_\_

(Signed) Teal J. M. ... M. D.  
 (Address) 3933 - ...

Review 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.

3935 Troad