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.

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

Do not use this space.

2
1

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1428
Township Kaw — Primary Registration District No. 1002 — Registered No. 116
City K. C. Mo (No. 3206 E 26 Terr St. Ward)

2. FULL NAME Emily C Jones 520
(a) Residence, No. 3206 E 26 Terr St., 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 Fe
4. COLOR OR RACE Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 1 1837

7. AGE YEARS 100 MONTHS 9 DAYS 8 — If LESS than 1 day, ....hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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) N Y City N Y

FATHER
13. NAME John Compton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N Y

MOTHER
15. MAIDEN NAME Huldah La Fever
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

17. INFORMANT (ADDRESS) Princess O. Jones 3206 East 26th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Harrison Ville Mo DATE Jan-11-1938 Terrace

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster 918 Brooklyn ave

20. FILED Jan 10 1938 M. M. Crowe Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 9 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1935, 19..., to 1/9/38, 19...
I last saw her alive on 1/9/38, 19... Death is said to have occurred on the date stated above, at 8.25 a.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Terminal Hypostatic Pneumonia | 1/7/38 |
| 3 | |

Other contributory causes of importance:
Chronic myocarditis
Chronic Interstitial nephritis
Chronic arterial sclerosis

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19...
Where did injury occur? None
(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) J W Hallberg, M. D.
(Address) 1828 Reed Arts Bldg.

RECEIVED
FEB 18 1938
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

Lo 1035
Va 515-0
medical auto Bg.
3130 Rawn.
3:30 P.M.