REC'D MAY 9 1938

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

Do not use this space.

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

Registration District No. 399
Primary Registration District No. 1002

File No. 13840
Registered No. 1820

2. FULL NAME Mary Evelyn Jones Sousley 240

(a) Residence, No. 719 Ewing Ave. 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: Female
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: Melvin Maurice Sousley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7/25/1906

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
31	9	2	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sales lady
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: National Bellas Hess
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 16 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

FATHER
13. NAME: Frank S. Jones 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo. 0

MOTHER
15. MAIDEN NAME: Ollie Spradley Jones
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

17. INFORMANT: Mrs. Ollie Jones
(ADDRESS) 116 So Northern, Sugar Creek, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Washington DATE: 4/30/38, 19

19. UNDERTAKER: Sheil Funeral Home
(ADDRESS) 6606 Indep Ave., K. C. M.

20. FILED: Apr 30, 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 26, 1938

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

Coroner

Septic criminal abortion
Pelvo-ovarian abscess (rt)
Acute generalized peritonitis

Date of onset

Other contributory causes of importance: 1750

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

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) [illegible] M. D.
(Address) Gen Hosp, K.C. Mo

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.