REC'D APR 17 1939

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

Do not use this space.

9758

1. PLACE OF DEATH
County Jackson 2 1 Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3815 E. 25 St. Ward)

File No.
Registered No. 1364

2. FULL NAME 520 Missouri Ella Jones
(a) Residence, No. 3815 E. 25 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. F. Jones.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-26-1865
7. AGE YEARS 74 MONTHS 2 DAYS 3 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Virginia

FATHER
13. NAME Hiram D. Maines
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

MOTHER
15. MAIDEN NAME Nellie Taliferro 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Chas. F. Jones. 3815 E. 25
18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE April 1 1939
19. UNDERTAKER (ADDRESS) Eyclar Funeral Home 4 E. 9th
20. FILED Mch 30 1939 M. M. Chowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29 1939
22. I HEREBY CERTIFY, That I attended deceased from ....., 1900, to Mch 28, 1939
I last saw her alive on Mch 28, 1939. Death is said to have occurred on the date stated above, at 10 a m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
93D1

Date of onset

Other contributory causes of importance:
Anemia
Myocarditis

Name of operation none Date of
What test confirmed diagnosis? Non Was there an autopsy?

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 no
(Signed) Edward J Boyer, M. D.
(Address) 1115 Grand Ave K Cin

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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90.63
393.01