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.

35154

File No. 4129

Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.: 375

Township: Cas — Primary Registration District No.: 1002

City: Kansas City (No. 1624 Troost St. Ward)

2. FULL NAME: Josie Jones

(a) Residence, No. 1624 Troost 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. 10 mos. ds. How long in U. S., if of foreign birth? yrs. 58 mos. 10 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25-1881

7. AGE: Years 58 | Months 10 | Days — | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work

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): Greenville Texas Hunt County

FATHER

13. NAME: Tom Brigham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Texas Hunt County

MOTHER

15. MAIDEN NAME: Mary Lee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Greenville Texas Hunt County

17. INFORMANT (ADDRESS): J. C. Harris 1416 E. 12

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Blue Ridge DATE: 10-30 1939

19. UNDERTAKER (ADDRESS): Doyle Bro

20. FILED: 10/28 1939 M. M. Crane
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 10-25 1939

22. I HEREBY CERTIFY, That I attended deceased from 10-24-39, 19..., to 10-25-39, 19... I last saw her alive on 10-25 1939. Death is said to have occurred on the date stated above, at 8:40 m.

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

	Date of onset
Cancer of Left Breast	
50	

Other contributory causes of importance: (Disease)

Name of operation: none Date of: no

What test (confirmed diagnosis): clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury: no 19...

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no. no. no.

Manner of injury: no. no. no.

Nature of injury: none none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify: no no

(Signed) H. Gray B. Ryan M. D.

(Address) 6 0 9 - 8 - 18

K. C. Mo