

1 PLACE OF DEATH

County JacksonTownship KanVillage Kansas CityCity Kansas CityRegistration District No. 104Primary Registration District No. 104(NO. 831 W 39)

CERTIFICATE OF DEATH

File No.

Registered No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

Caleb Joseph Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH

Jan 25 1840
(Month) (Day) (Year)

7 AGE

79 yrs. 4 mos. 4 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work

Retired

(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE

(City or town, State or foreign country)

Iowa

PARENTS

10 NAME OF FATHER

Joseph Jones

11 BIRTHPLACE OF FATHER

(City or town, State or foreign country)

Peru

12 MAIDEN NAME OF MOTHER

Anna Houston

13 BIRTHPLACE OF MOTHER

(City or town, State or foreign country)

Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs Wiley

(Address)

831 W 39

15

Filed

5/271919

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

May 26th 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from

May 26th 1919 to May 26th 1919that I last saw him alive on May 26th 1919and that death occurred, on the date stated above, at 7:45 P.

The CAUSE OF DEATH* was as follows:

Uremia - Chronic Interstitial nephritis.120 (Duration) months (Two)

CONTRIBUTORY (Secondary)

Contracture of bladder neck(Signed) Ernest G. Mack M. D.
May 27, 1919 (Address) 1016 Kessler Bldg.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

Where was disease contracted if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

At Washington

DATE OF BURIAL

5-28-1919

20 UNDERTAKER

Loof Stewart & Co

ADDRESS

331 Westport Ave

[Approved by U. S. Census and American Public Health Association.]

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym, is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

[Handwritten notes:]
 10 10 Reaction
 10 6 9
 10 10 Reaction