

STATE OF NEW YORK
DEPARTMENT OF HEALTH

JUL 7 1924

FULL NAME *Mrs. Martha Jane Jones*

PERSONAL AND OCCUPATIONAL PARTICULARS

MEDICAL CENTER CITY OF DEATH

HAIR *Brown*
EYES *Blue*
COMPLEXION *Fair*
BUILD *Slender*
MARRIAGE *Married*
MARRIED *30, 1894*

DATE OF DEATH *June 10, 1924*
I HEREBY CERTIFY That I copied deceased from
the *NY* *June 10*, 1924,
and that death occurred on the *same* *date*, 1924.

RESIDENCE *72nd St - 11*

CAUSE OF DEATH was as follows:
Arterio Sclerosis

EDUCATION *Housewife*

81

RELIGION *Catholic*

Signature *H. St. Thomas*

PLACE OF BIRTH *Basin, Colorado*

June 10, 1924

CITY OF BIRTH *New York*

NAME OF DECEASED *Martha Jane Jones*

Signature *H. St. Thomas*

RELIGION *Catholic*

Signature *H. St. Thomas*

NAME OF DECEASED *Mary Hoover*

Signature *H. St. Thomas*

RELIGION *Catholic*

Signature *H. St. Thomas*

NAME OF DECEASED *James W. H. Jones*

Signature *H. St. Thomas*