

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.

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

PLACE OF DEATH *Jasper*

County *Jasper* Registration District No. *411* File No. *29832*

Township \_\_\_\_\_ or Village \_\_\_\_\_ Primary Registration District No. *2002* Registered No. *347*

City *Joplin* (NO. *224 Jackson Ave* St. \_\_\_\_\_ Ward \_\_\_\_\_) (If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME *Francis Dunn Jones*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE MARRIED WIDOWED OR DIVORCED <i>Single</i> (Write the word)
DATE OF BIRTH <i>July 17, 1854</i> (Month) (Day) (Year)		
AGE <i>58</i> yrs. <i>7</i> mos. <i>8</i> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <i>Retired business man</i> (b) General nature of industry, business, or establishment in which employed (or employer) <i>Wholesale grain &amp; flour</i>		
BIRTHPLACE (City or town, State or foreign country) <i>Belmont Wis</i>		
PARENTS	NAME OF FATHER <i>David W. Jones</i>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <i>Pu or Wales</i>	
	MAIDEN NAME OF MOTHER <i>Emily Dunn</i>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <i>Pu or Wis</i>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Sept 25, 1912*  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from *Sept 10*, 1912, to *Sept 25*, 1912, that I last saw him alive on *Sept 24*, 1912, and that death occurred, on the date stated above, at *4:50 P.M.*

The CAUSE OF DEATH\* was as follows:  
*Coronary Thrombosis*

Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) *Geo W. Mullaney* M. D.  
*Sept 25*, 1912 (Address) *214 W 4th Joplin Mo*

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

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 \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Chas. D. Jones*  
(ADDRESS) *Long Beach California*

Filled *9-27-12* 1912 *Atch Bugg* REGISTRAR

PLACE OF BURIAL OR REMOVAL *Fairview Cem* DATE OF BURIAL *Sept 27, 1912*

UNDERTAKER *J. W. Mullaney* ADDRESS *Joplin*

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**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 "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

*coma*, etc., of \_\_\_\_\_ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

PLACE OF DEATH  
County Jasper  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Joplin

Registration District No. 411 File No. \_\_\_\_\_  
Primary Registration District No. 2002 Registered No. 397

(NO. 224 Jackson Ave. St. Ward)

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

FULL NAME Francis Dunn Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
DATE OF BIRTH <u>July 17 1854</u> (Month) (Day) (Year)		
AGE <u>58</u> yrs. <u>2</u> mos. <u>8</u> ds.		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION (a) Trade, profession, or particular kind of work <u>Retired business man</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Wholesale grocer</u>		

BIRTHPLACE  
(City or town, State or foreign country) Belmont, W. Va.

PARENTS	NAME OF FATHER <u>David D. Jones</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Paoli, W. Va.</u>
	MAIDEN NAME OF MOTHER <u>Emily Dunn</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Blue Lick Ky.</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Chas. D. Jones  
(ADDRESS) Long Beach, Cal.

Filed 9-21 1912 Aubrey  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 25 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 10, 1912, to Sept. 25, 1912, that I last saw him alive on Sept. 24, 1912, and that death occurred, on the date stated above, at 4:45 P.M.

The CAUSE OF DEATH\* was as follows:  
Cerebral hemorrhage  
tubercular  
~~\_\_\_\_\_~~  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory \_\_\_\_\_  
(SECONDARY) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) [Signature] M. D.  
Sept. 25 1912 (Address) 214 N. 4th St. Joplin Mo.

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

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 \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL <u>Fairview Cem.</u>	DATE OF BURIAL <u>Sept. 27 1912</u>
UNDERTAKER <u>J. M. Myall &amp; Co.</u>	ADDRESS <u>Joplin, Mo.</u>

UNFADDED - would be carefully supplied in plain terms, so that it may be properly classified.

# Revised United States Standard Certificate of Death

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

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**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 "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritonaeum*, etc., *Carcinoma, Sarcoma*, etc. of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

*Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

29832

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REGISTRARS should state County, Township or Village or City (NO. St. Ward) FULL NAME Francis Dumas Jones PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) DATE OF BIRTH AGE OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (City or town, State or foreign country) PARENTS NAME OF FATHER BIRTHPLACE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (City or town, State or foreign country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) Filed 191 REGISTRAR

PLACE OF DEATH

County Jasper  
Township  
or  
Village  
or  
City

MISSOURI STATE BOARD OF HEALTH  
REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. File No. 29832  
Primary Registration District No. Registered No.  
St. Ward

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

FULL NAME Francis Dumas Jones

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX  
COLOR OR RACE  
SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)  
DATE OF BIRTH (Month) (Day) (Year)  
AGE (Month) (Day) (Year) If LESS than 1 day, hrs. or min.?

DATE OF DEATH 9/25, 1912  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)

The CAUSE OF DEATH was as follows:  
Cerebral haemorrhage cause unknown  
(Duration) yrs. mos. ds.

BIRTHPLACE (City or town, State or foreign country)  
PARENTS NAME OF FATHER BIRTHPLACE OF FATHER (City or town, State or foreign country) MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (City or town, State or foreign country)

Contributory (SECONDARY) (Duration) yrs. mos. ds. (Signed) (Address) 191\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (ADDRESS) Filed 191 REGISTRAR

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

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 191\_\_\_\_  
UNDERTAKER ADDRESS

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