

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  
County Green  
Township \_\_\_\_\_  
or  
Village \_\_\_\_\_  
or  
City Springfield (No. 1012 or Webster St. 6 Ward)

Registration District No. 318 File No. 5000  
Primary Registration District No. 2001 Registered No. 92

FULL NAME Emma W. Jones Jones

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) married

DATE OF BIRTH Feb 25, 1864  
(Month) (Day) (Year)

AGE 48 yrs. 11 mos. 7 ds. If LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

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

BIRTHPLACE (City or town, State or foreign country) Miller Co Mo

PARENTS  
NAME OF FATHER John W.usted  
BIRTHPLACE OF FATHER (City or town, State or foreign country) Penn  
MAIDEN NAME OF MOTHER Martha J. Vaughn  
BIRTHPLACE OF MOTHER \_\_\_\_\_

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. T. Jones  
(ADDRESS) Springfield, Mo.

Filed Feb 19, 1913 Wilbur Smith  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 19, 1913  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 12, 1913, to Feb 19th, 1913 that I last saw her alive on Feb 19th, 1913, and that death occurred, on the date stated above, at 5:30 AM.

The CAUSE OF DEATH\* was as follows:  
Pneumonia Lobar  
108  
(Duration) \_\_\_ yrs. \_\_\_ mos. 8 ds.

Contributory (SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.  
(Signed) Enoch Knapp M.D.  
Feb 19, 1913 (Address) Springfield  
\*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 Hazelwood DATE OF BURIAL Dec. 27, 1913  
UNDERTAKER W. J. Meyer ADDRESS City

