

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County North
Township Allen
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 905

File No. 18405

Primary Registration District No. 6216

Registered No. _____

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

FULL NAME: George R. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White Widowed
Single Married Widowed Or divorced
(If write the word)
DATE OF BIRTH November 20, 1829
(Month) (Day) (Year)
AGE 84 yrs. 6 mos. 28 ds. If LESS than 1 day, ____ hrs. or ____ min.?

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

BIRTHPLACE
(City or town, State or foreign country) Mountain Co. Indiana

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J B Lorchhart
(Address) Allen Mo

Filed May 2, 1914 A. B. Long REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 18, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from May 12, 1914 to May 18, 1914, that I last saw him alive on May 17, 1914, and that death occurred, on the date stated above, at 3 P.M. The CAUSE OF DEATH* was as follows:

108 Lochar pneumonia
(Duration) 9 yrs. 2 mos. 6 ds.

Contributory (SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) A. B. Long M. D.
(Address) Learnery

*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 Allemdale County DATE OF BURIAL May 19, 1914

UNDERTAKER Tram Bros. ADDRESS Denver Mo

1911-5-18
1829-11-11
84-1-25