

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

1 PLACE OF DEATH
 County Vernon
 Township Washington or State Hospital No. 2
 Village State Hospital No. 2 or State Hospital No. 2
 City State Hospital No. 2
 Registration District No. 873 File No. 207
 Primary Registration District No. 6162 Registered No. 30810
 St.: _____ Ward: _____
 2 FULL NAME Arthur Jones

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Single
 (Write the word)

6 DATE OF BIRTH Unknown
 (Month) (Day) (Year)

7 AGE 42 yrs. _____ mos. _____ ds.
 If LESS than 1 day, _____ hrs. or _____ min.?

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

9 BIRTHPLACE
 (City or town, State or foreign country) Mo.

PARENTS
 10 NAME OF FATHER Unknown
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Unknown
 12 MAIDEN NAME OF MOTHER Unknown
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) N. W. Bennett
 (Address) Merada Mo.

15 Filed 8/20 1917 Geo. Petty
 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug. 19 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 13 1917, to Aug 19 1917, that I last saw him alive on Aug 18 1917, and that death occurred, on the date stated above, at 7:30 a. m.

The CAUSE OF DEATH* was as follows:
Chronic interstitial nephritis
 (Duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (Secondary)
 (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) J. W. Dawson M. D.
 (Address) Merada Mo.

*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 2 yrs. 8 mos. 4 ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death?
 Former or usual residence Pettis Co. Mo.

19 PLACE OF BURIAL OR REMOVAL Probyrosites DATE OF BURIAL 8/20 1917

20 UNDERTAKER R. W. Harding ADDRESS Merada

