

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

Do not use this space.

5257

1. PLACE OF DEATH

County Linn
Township Forest
City Higginsville (No.)

Registration District No. 460
Primary Registration District No. 2623-13

File No.
Registered No. 18
St. Ward)

2. FULL NAME

John Montgomery Jones
(a) Residence, No. East Street Higginsville Mo. Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marjorie Corbin Jones</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 10 1842</u>		
7. AGE YEARS <u>84</u>	MONTHS <u>8</u>	DAYS <u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Carpenter</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Porter, Tenn.

PARENTS	10. NAME OF FATHER <u>unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) <u>unknown</u>
	12. MAIDEN NAME OF MOTHER <u>unknown</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) <u>unknown</u>

14. INFORMANT (Address) Harry R. Oldham, Higginsville Mo.

15. FILED 2-22 1927 Clara P. Porter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20th 1927

17. I HEREBY CERTIFY That I attended deceased from Jan 15th 1927, to Feb 29th 1927, that I last saw him alive on Feb 19th 1927, and that death occurred, on the date stated above, at about 8 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endo Carditis. Chronic

92A 194B
W. J. O'Connell (duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Exp. pneumonia
a short time ago (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physicians
(Signed) W. J. O'Connell, M. D.
, 19 (Address) Higginsville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Confederate Home</u>	DATE OF BURIAL <u>2/22 1927</u>
20. UNDERTAKER <u>Asst. S. S. O'Connell Higginsville Mo</u>	ADDRESS

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.

THIS IS A PERMANENT RECORD

APR 27 1927

