

JUL 27 1927

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

Do not use this space.

14836

1. PLACE OF DEATH

County Greene Registration District No. 944
Towship Franklin Primary Registration District No. 52997B File No. 12
City Stafford (No. 3, Stafford Mo. St. 12 Registered No. 12
Ward)

2. FULL NAME

Grace Jones
(a) Residence. No. 13 Stafford Mo. Ward. (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Wm Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 26 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 | 3 | 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lynn
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John H. Todd

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Lynn
(STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Lena Epps

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lynn
(STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. J. H. Todd
(Address) Stafford Mo.

15. FILED 6/21/27 1927
A. B. Blair REGISTRAR
Stafford Mo.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 19 1927

17. I HEREBY CERTIFY, That I attended deceased from 7 P to 7 P that I last saw h. alive on 7 P, 1927, and that death occurred, on the date stated above, at 7 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis
90 B
CONTRIBUTORY (SECONDARY) 90 B

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. clinical
(Signed) Jewell E. Kunkle
5/19/27 (Address) 534 Stanis 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 Mulray Cem DATE OF BURIAL 5/19/27

20. UNDERTAKER Alma Schreyer Funeral Home
ADDRESS

WRITE PLAINLY, WITH UNFADING INK. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

WRITE PLAINLY, WITH UNFADING INK.

