

JUL 28 1927

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

Do not use this space.

18960

1. PLACE OF DEATH

County Monroe  
Township Stoddard  
City Monroe City (No. 102)

Registration District No. 581  
Primary Registration District No. H 343  
St. Stoddard

File No. ....  
Registered No. 23  
St. 3 Ward)

2. FULL NAME Emma Josephine Jones

(a) Residence. No. ....  
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 18 yrs. 18 mos. 18 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11<sup>th</sup> 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas B. Jones

17. I HEREBY CERTIFY, That I attended deceased from June 5<sup>th</sup> 1927 to June 11<sup>th</sup> 1927 that I last saw her alive on June 11<sup>th</sup> 1927, and that death occurred, on the date stated above, at 10:00 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20<sup>th</sup> 1891  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 35 | 10 | 22 | 2 | 18 | 00

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Status Epilepticus

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

CONTRIBUTORY (SECONDARY) 85 | 178  
(duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) Macon Co  
(STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH

10. NAME OF FATHER T. M. Byland

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Lader Cemetery DATE OF BURIAL June 15<sup>th</sup> 1927

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

20. UNDERTAKER Wilson + Son ADDRESS Monroe City Mo

12. MAIDEN NAME OF MOTHER Anna Lister

14. INFORMANT T. M. Byland  
(Address) 102 Stoddard Monroe City Mo

15. FILED 6/14/27 O. W. Wilson REGISTRAR deputy

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.

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