

AUG 7 1927

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

Do not use this space.

21844

1. PLACE OF DEATH

County Linn Registration District No. 427
Township Albion Primary Registration District No. 4280
City Aurora (No.) St. Ward

File No.
Registered No. 64

2. FULL NAME

Hebbie Gusley Jones
(a) Residence, No. 821 Oak St. 7 Ward.
(Usual place of abode) (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 Male 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF P. Caroling Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
83 0 28

8. OCCUPATION OF DECEASED

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

(c) Name of employer

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

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Leavenworth
(STATE OR COUNTRY) Missouri

14. INFORMANT Malcolm Anderson
(Address) Aurora Mo

15. FILED 7/15 27 W. W. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 15 1927

17. I HEREBY CERTIFY That I attended deceased from July 9 1927 to July 15 1927
that I last saw him alive on July 14 1927 and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Senility
99 1/2 (duration) 1 yrs. 10 mos. 15 ds.
CONTRIBUTORY Chronic Arteriosclerosis and
(SECONDARY) Coronary Endarteritis - Nostrubentum
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? Altogether No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) W. W. Stewart, M. D.

7-15-1927 (Address) Aurora 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 DATE OF BURIAL

Anderson Cemetery 7/16 1927

20. UNDERTAKER ADDRESS

Aug and Co Aurora Mo

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.

