SEP 26 1927

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

Do not use this space.
23529

1. PLACE OF DEATH ~~Andrain~~ - Andrain Co Died in Andrain Co Handled the case
County ~~Andrain Co~~
Registration District No.
File No.
Township Saltrivers
Primary Registration District No. 3002 5034
Registered No. 113
City Lewis Mo R.F.D. Post office address near this St. Ward)

2. FULL NAME Ella M Jones Mouth center of Saltrivers Township Andrain Co Mo
(a) Residence. No. St., 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: Female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married,

5a. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ (or) WIFE OF Geo. Jones,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1862

7. AGE: Years 65 | Months 1 | Days 20 | If LESS than 1 day, hrs. or min.

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)
(STATE OR COUNTRY) Calloway Co Mo.

PARENTS

10. NAME OF FATHER Peter Harris,
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) D. K. - Unknown.
12. MAIDEN NAME OF MOTHER Betsy Harris,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) D. K. Unknown

14. INFORMANT Geo. Jones
(Address) Andrew Co Mo

15. August 26th 1927 Ora S. Milligan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 23 1927

17. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Died with out medical attention. Supposed to have been from natural causes. Reported not known.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Died in Andrain Co
(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? Home Cause
(Signed) S. C. Adams, Coroner M.D.
, 19 (Address) Mexico, Mo. Audrain

*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: Elmwood Cemetery
DATE OF BURIAL: Aug 24 1927
20. UNDERTAKER: McPheeters Bros.
ADDRESS: Mexico 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.