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.

23 1927

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

Do not use this space.

26673

1. PLACE OF DEATH

County Callaway Co. Registration District No. 111 File No. 1

Township ~~[illegible]~~ Primary Registration District No. 5161 Registered No. 40

City CotSans Dessein TwSS No. St. Ward)

2. FULL NAME John Henry Jones,

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12 Aug 20-1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	78	0	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Tennesee

PARENTS

10. NAME OF FATHER William Jones

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

12. MAIDEN NAME OF MOTHER Mary Huffmaster

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

14. INFORMANT Lizzie Fleming Jefferson City, Mo.
(Address) 709 E. Miller St.

15. FILED Nov 13 1927 W R Hord REGISTRAR

4

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 11 19 27

17. I HEREBY CERTIFY, That I attended deceased from May 1927, to Sept. 11, 1927, 19 that I last saw him alive on 9/9, 1927 19, and that death occurred, on the date stated above, at 1.05 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio schdorossis with Dropsy

131

(duration) yrs. mos. ds.

1558

CONTRIBUTORY (SECONDARY) Cheonic Nephritis & Exema

(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) [illegible], M. D
, 19 (Address) Mokane, 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
X Farmers Cemetery	Sept 12 1927
20. UNDERTAKER	**ADDRESS**
X H A Harris	Tebbetts Mo