

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

Do not use this space.

36739

JUN 28 1928

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5554
City North Jackson, Mo.

File No.
Registered No. 309
St. Ward)

2. FULL NAME

William Arthur Jones
(a) Residence. No. Atherton, Mo. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

male | white | married

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

Maud Jones

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

June 28-1865

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

62 | 5 | 8 | =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer 92 ft
(b) General nature of industry, business, or establishment in which employed (or employer) 91 B
(c) Name of employer 110 B

9. BIRTHPLACE (CITY OR TOWN) Atherton
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER William Henry Jones

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

12. MAIDEN NAME OF MOTHER Margaret Wright

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri City, Mo.
(STATE OR COUNTRY)

14. INFORMANT Ernest Jones
(Address) Atherton, Mo.

15. FILED Dec 10 1927 F. L. CROOK
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 7, 1927

I HEREBY CERTIFY That I attended deceased from March 4, 1926 to Dec 7, 1927 that I last saw him alive on Dec 7, 1927 and that death occurred, on the date stated above, at 200 P.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Mitral insufficiency with failure Compensation

Complications, Right pleural effusion (duration) 2 yrs. 2 mos. 2 da.
CONTIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED 100 W

IF NOT AT PLACE OF DEATH, DATE OF ACQUISITION Oct 18, 24, 1927
DID AN OPERATION PRECEDE DEATH? yes DATE OF OPERATION plurial cavity
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) C. Allen, M. D.

12/8, 1927 (Address) Independence 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 Salem County DATE OF BURIAL Dec 9th 1927

20. UNDERTAKER Ott & Mitchell ADDRESS Independ, 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.

RECORD

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