

FEB 21 1928

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

Do not use this space.

1455

1. PLACE OF DEATH

County Jackson
Township Prarie
City..... (No.....)

Registration District No. 400
Primary Registration District No. 555.313

File No.....
Registered No. 10
St..... Ward)

2. FULL NAME

Isaac Jones
(a) Residence, No. Jackson Co. Home Ward.....
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. — 11 mos. — 11 da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 79 | Not known

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Laborer
(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) Unknown Ohio

10. NAME OF FATHER John Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN, STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Rebecca M. Kitchick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN, STATE OR COUNTRY) Not known

14. INFORMANT J. M. Hostetter
(Address) Supt. Jackson Co. Home

15. FILED Jan 6, 1928 J. M. Schick REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-16-1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 15th, 1927, to Jan 16, 1928 that I last saw him alive on Jan 12, 1928, and that death occurred, on the date stated above, at 8:50 A.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Myo Carditis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) J. M. Greene M. D.
, 19 (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 Kirksville, College DATE OF BURIAL 1-17 1928

20. UNDERTAKER Mostale Anatomical Board ADDRESS 207 Hill St

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.

