MAR 25 1931

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

Do not use this space.

1740-a

1. PLACE OF DEATH
County Lincoln
Township Hurricane
City ..... (No. ..... St. ..... Ward)

Registration District No. 486
Primary Registration District No. 5649

File No. .....
Registered No. 10

2. FULL NAME Clara Bell 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

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

7. AGE: Years 40 Months as near as we can tell Days ..... If LESS than 1 hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) 1751
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cass Co Inda
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Leon W. Coin
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Cass Co Inda
12. MAIDEN NAME OF MOTHER Linela Fants
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Carroll Co. Inda

14. INFORMANT Lula Coin
(Address) Winamac Ind

15. FILED 3-18 1931 C. E. Powell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) about Jan. 1928

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 Dant Knox

THE CAUSE OF DEATH* WAS AS FOLLOWS:
It is Suppose She was Murdered About January 1928. And the body swell Feb 12-1931
(Murdered by husband)
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Dant Knox
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Lincoln Co MO
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) E. A. Hicks, M. D
, 19 (Address) Fray MO Coroner

*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: Star Hope Cemetery
DATE OF BURIAL: Feb 13 1931

20. UNDERTAKER: Clifton Miller
ADDRESS: Elsberry MO