

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

Do not use this space.

13832

1928

1. PLACE OF DEATH

County Laclede
Township Labanon Mo
City Labanon Mo

Registration District No. 4449
Primary Registration District No. 4267

File No. _____
Registered No. 1464
St. _____ Ward _____

2. FULL NAME Elizabeth Jones

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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

2. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (specify the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 15 (E.H.)

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 2 2

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) Tenn

10. NAME OF FATHER Shadrack Jones

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

12. MAIDEN NAME OF MOTHER Susie Barger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) W-Va

14. INFORMANT Cornie Finch
(Address) Labanon Mo

15. FILED 4/18/28 J.M. Bellamy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17 1928

17. I HEREBY CERTIFY That I attended deceased from April 10, 1928, to April 12, 1928 that I last saw h. alive on April 12, 1928, and that death occurred, on the date stated above, at 3:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Valvular Heart Disease

CONTRIBUTORY (SECONDARY) 900

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam
(Signed) P. Thompson, M. D.
, 19 (Address) Labanon 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 Dalson Cemetery DATE OF BURIAL 4/18 1928

20. UNDERTAKER John W. Stewart ADDRESS Labanon 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.

