C 26 1928

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

Do not use this space.

36145

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1329

City St. Joseph, (No. Noyes Hospital St. Ward)

2. FULL NAME Isiah Buell Jones

(a) Residence. No. 820 South 9th St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 26 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Febr. 15 1859

7. AGE: Years 69 — Months 8 — Days 7 — If LESS than 1 day, ... hrs. or ... min.

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

9. BIRTHPLACE (CITY OR TOWN) Lawrence, (STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER: Ambrose Jone
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

14. INFORMANT: William P Jones
(Address) State Hospital No. 2 St. Joseph,

15. FILED NOV 23 1928 19 John G. Utz R.S. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 22. 1928

17. I HEREBY CERTIFY, That I attended deceased from 11/10 28, 1928, to 11/22 1928, that I last saw him alive on 11/21 1928, and that death occurred, on the date stated above, at 11/22 11a.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septicaemia General
1 5 8 6
21
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Dermatitis Exfoliativa
(duration) 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) M. J. Farber, M. D
Nov. 23, 1928 (Address) 109 1/2 No 8.

*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: Eureka Springs, Arkansas.
DATE OF BURIAL: Nov. 25 1928

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str.

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.