C 27 1928

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

Do not use this space.
36609

1. PLACE OF DEATH
County: Greene
Registration District No. 318
Township:
Primary Registration District No. 2001
City: Springfield (No. 1414 E. Atlantic St. Ward)

File No.
Registered No. 775
775

2. FULL NAME: Grant L. Jones

(a) Residence. No. 1414 E. Atlantic 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: Male
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~~ Phoebe Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 20-1865

7. AGE: Years 63 | Months 3 | Days 11 | If LESS than 1 day, ....hrs. or ....min.

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): Indiana

PARENTS
10. NAME OF FATHER: George Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Phoebe Jones
(Address): Springfield, Mo.

15. FILED 11-1 1928 [illegible] REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Nov 1st, 1928, to Nov 1st, 1928, that I last saw him alive on Nov 1st, 1928, and that death occurred, on the date stated above, at 12:00 noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis

(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Don't Know

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) W. H. Cowden, M. D.
11-1, 1928 (Address) Springfield, 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: Glover Cemetery Dallas Co. Mo.
DATE OF BURIAL: 11-3 1928

20. UNDERTAKER: Geo. L. Lingner
ADDRESS: Springfield, 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.