

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

Do not use this space.

37441

1. PLACE OF DEATH

County Lawrence
Township Lawrence
City (No.)

Registration District No. 469
Primary Registration District No. 5-832

File No.
Registered No. 28
St. Ward)

2. FULL NAME

Anna M 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. da. / How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carroll Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-14-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 9 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) housekeeper
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Nathan Tarter

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

12. MAIDEN NAME OF MOTHER Francis Still

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Laura Still
(Address) Miller Mo.

15. FILED 12-1, 1928 W. S. Bunn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-22-1928

17. I HEREBY CERTIFY That I attended deceased from 11-19-28 to 11-22-1928
that I last saw 3 alive on 11-21-1928 and that death occurred, on the date stated above, at 12 h. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Stenosis

Gout
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Gout
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. S. Bunn, M. D.
, 19 (Address) Miller 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 Still DATE OF BURIAL 11-23-1928

20. UNDERTAKER J. N. Morrison ADDRESS Miller Mo.

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

1928

