

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

Do not use this space.

JAN 24 1929

PLACE OF DEATH

County Macon Registration District No. 534
 Township Russell Primary Registration District No. 5718 B
 City (No.) St. Ward

File No. 41654
 Registered No. 38

FULL NAME

(a) Residence No. New Cambria, Mo. St. Ward

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) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 8 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (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) Mt Carmel Pennsylvania

10. NAME OF FATHER Benjamin Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Wales

12. MAIDEN NAME OF MOTHER Hannah Thomas

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Wales

14. INFORMANT J.P. Grouseway MD

(Address) Macon Mo.

15. FILED 12-4-28 G.T. Sunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-1-28

I HEREBY CERTIFY, That I attended deceased from June 1, 1927 to 11-25-28, 1928
 that I last saw him alive on 11-30-28, 1928, and that death occurred, on the date stated above, at 3 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Embolus
 (duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
Fibrillation - arteriosclerosis
Diabetes mellitus - 1 or more yrs

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J.P. Grouseway MD

(Address) Macon 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

DATE OF BURIAL

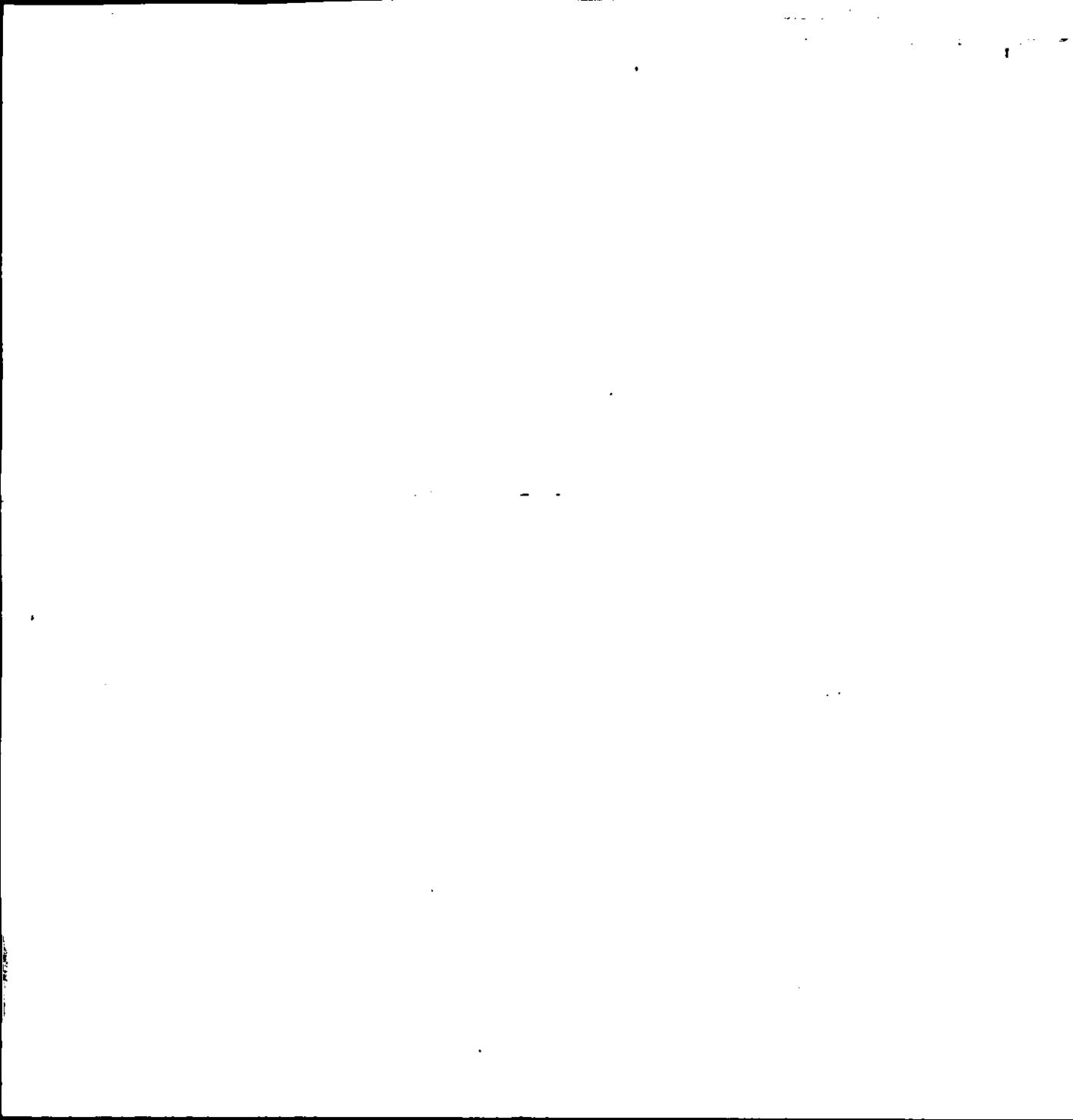
New Cambria Cemetery

12-2 1928

20. UNDERTAKER

ADDRESS

f. E. Gilleland New Cambria



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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon
Township Russell
City (No.) St. Ward)

Registration District No. 5-34
Primary Registration District No. 5-718

File No.
Registered No. 38

2. FULL NAME

Henry Ben Jones
(a) Residence. No. new Cambria Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 8th 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 8 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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)
St. Carmel
Pennsylvania

10. NAME OF FATHER Benjamin Jones

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

12. MAIDEN NAME OF MOTHER Henrietta Thomas

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

14. INFORMANT J. P. Gronoway M.D.
(Address) Macon Mo

15. FILED 12-4, 1928 G.T. Lunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-1-1928

17. I HEREBY CERTIFY That I attended deceased from June 1, 1928 to 12-1, 1928 that I last saw him alive on 11/20, 1928, and that death occurred, on the date stated above at 3 a. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Cerebral Embolism
CONTRIBUTORY (SECONDARY) Auricular Fibrillation
Arteriosclerosis Diabetes mellitus
(duration) yrs. mos. ds. 8
(duration) yrs. mos. ds. 1 or more yrs

18. WHERE WAS DISEASE CONTRACTED NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? —

12, (Signed) J. P. Gronoway, M. D.

14, 1928 (Address) Macon 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 New Cambria Cemetery DATE OF BURIAL 12-2 19 28

20. UNDERTAKER G. E. Gibbons ADDRESS New Cambria Mo

EMMENT
57

IF A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

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