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

Do not use this space.

7203

MAR 23 1929

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.

1. PLACE OF DEATH

County Macon — Registration District No. 534 — File No.

Township Lingo — Primary Registration District No. 4319 — Registered No. 4

City New Cambria (No. ..... St. ..... Ward)

2. FULL NAME Tirza M Jones

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

Length of residence in city or town where death occurred 3 yrs. 3 mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	white	widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 18th 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75		5	10	

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

9. BIRTHPLACE (CITY OR TOWN) Sheffield
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Thomas J. Morgan
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hrysthus
(STATE OR COUNTRY) Wales
12. MAIDEN NAME OF MOTHER Tabitha Evans
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Phymnus
(STATE OR COUNTRY) Wales

14. INFORMANT Ralph Jones
(Address) New Cambria Mo

15. FILED 3-1-, 1929 G. T. Lunday REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 28, 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/24, 1929, to 2/28, 1929 that I last saw h. ..... alive on 2/28, 1929, and that death occurred, on the date stated above, at 11:55 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1 Bronchial Pneumonia

1 0 7 7

(duration) ..... yrs. ..... mos. 4 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) ..... yrs. ..... mos. 7 ds.

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

DID AN OPERATION PRECEDE DEATH? No. DATE OF ✓

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory

(Signed) Jno. T. McLoney, M. D

, 19 (Address) Brookfield, 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 Mar 2 1929

20. UNDERTAKER J E Gilleland — ADDRESS New Cambria Mo