

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. R.—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.

53
APR 25 1929

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

Do not use this space.

11314

1. PLACE OF DEATH

County LACLEDE
Township
City LEBANON

Registration District No. 449
Primary Registration District No. 4267

File No.....
Registered No.....
St.....Ward.....

2. FULL NAME FRONEY ANN JONES

(a) Residence. No. St. Ward.
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 69

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)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Wm Barrett

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Chas Jones
(Address) Lebanon Mo

15. FILED 3/12 1929 J. M. Bell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) MAR 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1929, to Mar 11, 1929 that I last saw him alive on Mar 11, 1929, and that death occurred, on the date stated above, at 11:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic interstitial nephritis

131
92A

CONTRIBUTORY mitral insufficiency (SECONDARY) (duration) 3 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 W
IF NOT AT PLACE OF BIRTH?

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) J. A. Hamilton, M. D.
, 19 (Address) Lebanon Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL LEBANON Mo DATE OF BURIAL 3-13 1929

20. UNDERTAKER Robner ADDRESS Lebanon

