12

MAY 23 1929

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

Do not use this space.

14014

1. PLACE OF DEATH
County: Butler
Township: Poplar Bluff
City: Poplar Bluff
Registration District No. 89
Primary Registration District No. 3131
File No.
Registered No. 82
(No. St. Ward)

2. FULL NAME: Vina Catherine Jones.
(a) Residence. No. R.R. 2 Box 168. 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: 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: Ben Jones.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 18, 1871

7. AGE: Years 57 Months 5 Days 27 If LESS than 1 day, hrs. or min.

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

9. BIRTHPLACE (CITY OR TOWN): Not known.
(STATE OR COUNTRY): Illinois.

PARENTS
10. NAME OF FATHER: Not known.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): not known
(STATE OR COUNTRY): not known
12. MAIDEN NAME OF MOTHER: not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): not known.

14. INFORMANT: Ben Jones
(Address): Poplar Bluff, Mo

15. FILED 4/17, 1929 Dr B J Clay
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-15 1929.

17. I HEREBY CERTIFY, That I attended deceased from 4-1, 1929, to 4-15, 1929, that I last saw h. alive on 4-15, 1929 and that death occurred, on the date stated above, at 8.35 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
(duration) yrs. mos. 14 ds.
CONTRIBUTORY (SECONDARY): Influenza
(duration) yrs. mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? no
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical test

(Signed) B. J. Clay, M. D
4-17, 1929 (Address) Poplar Bluff, 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: Black Creek. DATE OF BURIAL: 4-16 1929
20. UNDERTAKER: Frank Mud- Co. ADDRESS: Poplar Bluff