MAY 29 1929

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

Do not use this space.

16896

1. PLACE OF DEATH
County: Saline
Township: Grand Pass
City: Grand Pass (No. ... St. ... Ward)
Registration District No. 795
Primary Registration District No. 6038
File No.
Registered No.

2. FULL NAME Henry Hamilton 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. 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 (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF Ella Dennis Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-7-1856

7. AGE: Years 73 | Months 3 | Days 23 | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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) Virginia

PARENTS
10. NAME OF FATHER Fleetwood Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Hanna Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia

14. INFORMANT Mrs H Jones
(Address) Grand Pass Mo

15. FILED 5-2, 1929. Mrs. Mary Blackburn
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-30 1929

17. I HEREBY CERTIFY, That I attended deceased from 4-30, 1929, to 4-30, 1929, that I last saw him alive on 4-30, 1929, and that death occurred, on the date stated above, at 9.15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute dilation of Heart
9.5 yr
(duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H A Keeling, M. D
5/1, 1929 (Address) Waverly 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: Grand Pass Cem
DATE OF BURIAL: 5/2 1929

20. UNDERTAKER: Miller Bros
ADDRESS: Carrollton Mo

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.

PERMANENT RECORD

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