6 AUG 22 1929

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

Do not use this space.

23751

1. PLACE OF DEATH

County Barton — Registration District No. 45 — File No.

Township Milford — Primary Registration District No. 5067 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ella May 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 9 yrs. 11 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ ~~(OR)~~ WIFE OF: C. L. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 6-15-1867

7. AGE: 62 Years | Months | Days: 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Springfield
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Martin Evans

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Linnville
(STATE OR COUNTRY): Tenn.

12. MAIDEN NAME OF MOTHER: Margaret McCuigg

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

14. INFORMANT: Maggie M. Jones
(Address): Milford Mo.

15. FILED 7-17, 1929 Harvey B Wilcox REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 12 1929

17. I HEREBY CERTIFY, That I attended deceased from July 10, 1929, to July 12, 1929 that I last saw her alive on July 10, 1929 and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Aortic Regurgitation

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

CONTRIBUTORY (SECONDARY): Todd

(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) C. E. Duerstt, M. D

July 13, 1929 (Address) Milford 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: Howell Cemetery — DATE OF BURIAL: 7-13 1929

20. UNDERTAKER: G. B. Berry Sons — ADDRESS: Shelden Mo.

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

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.