

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

Do not use this space.

31743

**1. PLACE OF DEATH**

County St. Francois  
Township Barry  
City (No. ....) (St. ....) Ward (....)

Registration District No. 775  
Primary Registration District No. 6020

File No. ....  
Registered No. 74

**2. FULL NAME**

Oscar 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 Male 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 Nancy Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 6 1872

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>57</u>	<u>6</u>	<u>15</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Laborer  
(b) General nature of industry, business, or establishment in which employed (or employer) -  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brownsville, Ill.  
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Jacob Jones

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

12. MAIDEN NAME OF MOTHER Hester Jones

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

14. INFORMANT Leland Jones  
(Address) Bevely, Mo.

15. FILED 9/21 1929 J. T. Ward REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 21 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept. 1 1929 to Sept. 21 1929 that I last saw him alive on Sept. 21 1929, and that death occurred, on the date stated above, at 5-10 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Hemorrhage of Stomach from Ulcer of Stomach  
1171 A  
1171 C (duration) yrs. 2 mos. 2 ds.

CONTRIBUTORY (SECONDARY) 1171 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at home  
IF NOT AT PLACE OF DEATH, ...

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

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS? Examination  
(Signed) Lesterley, M. D.

9/21 1929 (Address) Brownsville 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 Marth cemetery DATE OF BURIAL 9-22 1929

20. UNDERTAKER J. T. Ward ADDRESS Brownsville

1929

PARENTS

