

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

Do not use this space.

33542

1. PLACE OF DEATH

County Hundy co Registration District No. 330
Township _____ Primary Registration District No. 3017
City Trenton (No. _____, St. _____ Ward _____)

2. FULL NAME

James Mark Jones
(a) Residence, No. 1502 E. 7th 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 Mrs James Mark Jones
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 22, 1870
7. AGE: YEARS 53 MONTHS 10 DAYS 16 IF LESS than 1 day, _____ hrs. or _____ min.
1870 Nov 22
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Mail carrier
(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) Hundy co

PARENTS
10. NAME OF FATHER J M Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Hundy co
12. MAIDEN NAME OF MOTHER Elizabeth Behar
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Ken.

14. INFORMANT J Harold Jones (Address) Trenton Mo

15. FILED Oct 9 1929 E. H. Murphy REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 8 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept. 11, 1929, to Oct. 8, 1929 that I last saw him alive on Oct 8, 1929, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis
92B about _____ yrs. mos. 28 ds.

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

18. WHERE WAS DISEASE CONTRACTED _____ IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical only
(Signed) W. Hensler M. D.

10-8- .1929 (Address) Trenton 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 Maple Grove DATE OF BURIAL Oct 10 1929

20. UNDERTAKER M. W. Ross ADDRESS Trenton

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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.

