

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

Do not use this space.

40288

File No. _____
Registered No. 19 St. _____ Ward _____

1. PLACE OF DEATH

County Linn
Township Bogue
City Ash Grove (No. _____)

Registration District No. 316
Primary Registration District No. 4191

2. FULL NAME

Amanda A. Jones

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-17-1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF Isaac Jones

17. I HEREBY CERTIFY, That I attended deceased from Aug 1929, to Dec 17 1929 that I last saw her alive on Dec 6 1929, and that death occurred, on the date stated above, at 6:45 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-31-1856

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 16

Chronic nephritis + Cardiac degenerative changes

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 _____

131 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 93%
129a (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Ledon Co. Mo.
(STATE OR COUNTRY)

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

10. NAME OF FATHER Irwin Wilson

D DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Chas H. McFadden, M. D.

12. MAIDEN NAME OF MOTHER unknown

12-18, 1929 (Address) Ash Grove, Mo

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

*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.

14. INFORMANT (Name) Mrs L L Jones
(Address) Ash Grove, Mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Turkey Creek DATE OF BURIAL 12-19-1929

15. FILED 1-3-30 1930 Dr Chas H. Wick REGISTRAR

20. UNDERTAKER Frederic Morris Leman ADDRESS Ash Grove Mo.

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CAUSE OF DEATH

