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.

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

Do not use this space.

1832

1. PLACE OF DEATH
County Livingston
Township Blue Mound
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 515
Primary Registration District No. 5681

File No. .....
Registered No. 3

2. FULL NAME Anna 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? 61 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 R. W. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 10 1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	8	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(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) South Wales

PARENTS
10. NAME OF FATHER William James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wales
12. MAIDEN NAME OF MOTHER Martha Hughes
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Wales

14. INFORMANT R. W. Jones
(Address) R. F. D. Mo

15. FILED 1/28, 1930 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 27, 1930, to Jan 27, 1930 that I last saw her alive on Jan 27, 1930, and that death occurred, on the date stated above, at 12 45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Embolism
94B
(duration) ..... yrs. ..... mos. 3½ hrs ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) G. W. Carpenter, M. D.
Jan 27, 1930 (Address) Utica, 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 Welch Cem
DATE OF BURIAL 1 28 1930

20. UNDERTAKER F B Norman Chillicothe
ADDRESS