

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.

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

Do not use this space.

3963

1. PLACE OF DEATH  
 County Anderson Registration District No. 26  
 Township Satermer Primary Registration District No. 3092  
 City Mexico MO (No. Anderson Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas X. Jones  
 (a) Residence No. Co. Park 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)

File No. \_\_\_\_\_  
 Registered No. 34  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
about 79

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work none  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb. 19, 1930 to Feb. 26, 1930 that I last saw him alive on Feb. 26, 1930 and that death occurred, on the date stated above, at 4:00 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia  
100% A  
26 26 (duration) yrs. mos. ds.  
 CONTRIBUTORY Quincke  
 (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) Wales

10. NAME OF FATHER R. J.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) W. Va.

12. MAIDEN NAME OF MOTHER R. M.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
 (STATE OR COUNTRY) W. Va.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 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? \_\_\_\_\_  
 (Signed) J. H. Hamilton, M. D.  
 (Address) Mexico 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.

14. INFORMANT Carl Cyril Kutt  
 (Address) Mexico MO, R. D. 1

15. FILED Feb 27 1930 Ira S. Milligan  
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mexico MO DATE OF BURIAL Feb. 27 1930

20. UNDERTAKER McPherson Bros. ADDRESS Mexico MO

PARENTS

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