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

Do not use this space.

4129

1930

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1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St Joseph (No. 2411 Felix St. Ward)

File No.

Registered No. 194

2. FULL NAME Merrit Jones

(a) Residence. No. 2411 Jones 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: Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cannie Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): About 1848

7. AGE: 82 Years — Months: Mark — Days: Mark — If LESS than 1 day, ___ hrs. or ___ min.

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) (STATE OR COUNTRY): Ky

PARENTS

10. NAME OF FATHER: Jones

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

12. MAIDEN NAME OF MOTHER: Unknown

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

14. INFORMANT: Annie Montgomery
(Address) 2411 Felix

15. FILED 2/13, 1930 John G. Utz, Registrar

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 10th 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1930, to Feb 10, 1930, that I last saw him alive on Feb 8, 1930, and that death occurred, on the date stated above, at 10:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis c̄
Hypertension
131
131
99 (duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Uremia — arteriosclerosis — general Hypertrophy of Prostate (duration) yrs. mos. 6 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? Laboratory examination

(Signed) [signature], M. D.
2/14, 1930 (Address) St Joseph 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: Ashland Cemetery — DATE OF BURIAL: Feb 14 1930

20. UNDERTAKER: Ramsey Funeral Service — ADDRESS: 9th & Olive

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.