

MAR 25 1930

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

Do not use this space.
4165

1. PLACE OF DEATH

County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. 3316 Mitchell Avenue, St. _____ Ward _____)

File No. _____
Registered No. 235

2. FULL NAME Joseph Bogle Jones,

(a) Residence. No. 3316 Mitchell Ave. St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 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 Etta V. Jones-

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13th. 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
68 9 10

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Butcher,
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Buchanan County,
(STATE OR COUNTRY) Missouri,

10. NAME OF FATHER John Willis Jones,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) North Carolina,

12. MAIDEN NAME OF MOTHER Serena Bogle,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) North Carolina,

14. INFORMANT Mr. Jos. B. Jones
(Address) 3316 Mitchell Avenue,

15. FILED 19 John R. [Signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb'y 23rd 1930

17. I HEREBY CERTIFY that I attended deceased from Feb 23 to Feb 23 that I last saw alive on Feb 23, 1930, and that death occurred, on the date stated above, at 4:55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Anginal Peritonis
Artero-sclerosis
CONTRIBUTORY (SECONDARY) unknown

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) John D. [Signature], M. D.
Feb 24, 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 Mount Mora Cemetery DATE OF BURIAL Feb'y. 25, 30

20. UNDERTAKER Heaton-Begole & Bowman ADDRESS 319 S. 10 St.

every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important.

FEB 24 1930

