

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

Do not use this space.

5338

1. PLACE OF DEATH

County Madison
Towship Center
City Centerville (No. _____)

Registration District No. 407
Primary Registration District No. 4241

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

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) C. 5th Jones (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carol Jones
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 24 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 23

8. OCCUPATION OF DECEASED Food
(a) Trade, profession, or particular kind of work. Married
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Birmingham
(STATE OR COUNTRY) Alabama

10. NAME OF FATHER Geo Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT. Mrs. Carol Jones
(Address) Centerville, Mo

15. FILED 7-17, 1930 C. L. Gray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1930
17. 2 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1930 to Feb 16, 1930
that I last saw h. in, alive on Feb 15, 1930, and that death occurred, on the date stated above, at 7:00 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Pneumonia
930
107A
(duration) yrs. mos. 3 ds.
CONTRIBUTORY Fibro myocarditis
(SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 930
IF NOT AS PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical history
(Signed) H. M. Starnes, M. D.
Feb. 16, 1930 (Address) Webb City, 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 Centerville, Mo DATE OF BURIAL 2/18 1930

20. UNDERTAKER Webb City Undertaking Co. ADDRESS Webb City

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAR 1930

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