

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

Do not use this space.

8013

MAY 23 1930

PLACE OF DEATH

County Cape Girardeau Registration District No. 156
 Township Chillicothe Primary Registration District No. 5214
 City Chillicothe (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Robert R 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Sarah Jones
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4, 1848
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min. 85 2 27
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Carpenter
 (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) Mar 11 1930
 17. I HEREBY CERTIFY, That I attended deceased from Mar 11 1930, to Mar 11 1930 that I last saw h. u. alive on Mar 10 1930 and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

CONTRIBUTORY (SECONDARY)

7401

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) E. M. Griffith, M. D.
 , 19 (Address) Chillicothe 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.

9. BIRTHPLACE (CITY OR TOWN) Hessie Co
 (STATE OR COUNTRY) Kentucky
 10. NAME OF FATHER Robert Jones
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kentucky
 12. MAIDEN NAME OF MOTHER Maggie Key
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
 (STATE OR COUNTRY) Kentucky

14. INFORMANT Mrs Robert R Jones
 (Address) Chillicothe Mo

15. May 5 1930 Mrs J Ryles
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cave Creek DATE OF BURIAL Mar 13 1930
 20. UNDERTAKER R Barnard ADDRESS Chillicothe

100-100-100-100