

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

Do not use this space.

9625

**1. PLACE OF DEATH**

County Morgan Registration District No. 953  
Township Sharon Hill Creek Primary Registration District No. 5797-B  
City Glendale (No. 11) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 4  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

John. H. 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. \_\_\_\_\_ ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary J. Jones</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>NOV 25<sup>th</sup> 1855</u>		
7. AGE <u>74</u>	YEARS <u>3</u>	MONTHS <u>16</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (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) <u>Morgan Co Mo</u>		
PARENTS	10. NAME OF FATHER <u>Edward Jones</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Glade</u>	
	12. MAIDEN NAME OF MOTHER <u>Susana Estes</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co Mo</u>	
14. INFORMANT <u>Mrs. Mary J. Jones</u> (Address) <u>Glendale</u>		
15. FILED <u>3/15 1930</u> <u>John H. Cooper</u> REGISTRAR		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 18<sup>th</sup> 1930

17. I HEREBY CERTIFY, That I attended deceased from 7-29, 1929, to 3-13, 1930, that I last saw him alive on 3-13, 1930, and that death occurred, on the date stated above, at 8 p. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Carcinoma of Stomach  
1/6/30  
(duration) \_\_\_\_\_ yrs. 6 mos. 14 ds.

CONTRIBUTORY (SECONDARY) 44  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ 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? none  
(Signed) J. B. Norman, M. D.  
3/14, 1930 (Address) Dipton 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 <u>Freedom Bur</u>	DATE OF BURIAL <u>Mar 15<sup>th</sup> 1930</u>
20. UNDERTAKER <u>Adwell's Versally</u>	ADDRESS

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.

