APR 30 1930

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

Do not use this space.

9687

1. PLACE OF DEATH
County: Nodaway
Township: ~~Nodaway~~
City: Burlington Jct (No. ..... St. ..... Ward)
Registration District No. 618
Primary Registration District No. 4369
File No. .....
Registered No. .....

2. FULL NAME: Sarah Elizabeth 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	72	9	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Indiana

PARENTS
10. NAME OF FATHER: Andrew Eutsler
11. BIRTHPLACE OF FATHER (CITY OR TOWN): unknown (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown (STATE OR COUNTRY)

14. INFORMANT: Mrs Frank Miller
(Address): Burlington Jct. Mo.

15. FILED: Apr 8 1930 C. C. Gossins REGISTRAR
Apr. 8-30 C. P. Fryer M.D.

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 7 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 1930, at ....., 19..., to Mar 7 1930, that I last saw h. 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:
Acute Interstitial Nephritis
130
..... (duration) 8 yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY) 128
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: at home
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) C. C. Gossins, M. D.
Mar 14 1930 (Address) Burlington Jct 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	DATE OF BURIAL
Burlington Jct. Mo	3/13/30 19

20. UNDERTAKER	ADDRESS
[illegible]	Burl Jct. Mo.