MAY 21 1930

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

Do not use this space.

13673

~~10026~~

File No.

Registered No. 312

**1. PLACE OF DEATH**

County Randolph — Registration District No. 735

Township — Primary Registration District No. 3034

City Moberly (No. 318 So Morley St. Ward)

**2. FULL NAME** Sarah Ella Jones

(a) Residence. No. 318 So Morley 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) |
|---|---|---|
| Female | White | Widowed |

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winfield S Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 27th 1859

| 7. AGE | Years | Months | Days | If LESS than 1 day, hrs. or min. |
|---|---|---|---|---|
| | 70 | 10 | 9 | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At Home
(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) Tenn

PARENTS

10. NAME OF FATHER Isaac A Thompson

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

12. MAIDEN NAME OF MOTHER Sarah Haynes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn

14. INFORMANT Mrs Nora Hatfield
(Address) Moberly

15. FILED 4-7 1930 Dr Thos. S. Fleming
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) April 6th 1930

17. I HEREBY CERTIFY, That I attended deceased from April 2nd 1930, to April 6th 1930, that I last saw h. ex. alive on April 5 1930 and that death occurred, on the date stated above, at 4:30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cancer of the Bowel, Colon
J. Sigmoid
50 (duration) 1 yrs. mos. ds.
11. 1a
CONTRIBUTORY (SECONDARY) Secondary to Cancer of
Bowel since 1928
(duration) yrs. mos. ds.

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?

8

(Signed) O. R. Hudson, M. D.
4-7th 1930 (Address) Moberly 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: Moberly — DATE OF BURIAL: 4-7th 1930

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly Mo

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