

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

Do not use this space.

18598

1. PLACE OF DEATH

County Boone
Township Columbia
City " (No. _____)

Registration District No. 73
Primary Registration District No. 3006

File No. _____
Registered No. 118
St. _____ Ward) _____

2. FULL NAME Francis C. Jones

(a) Residence. No. 718 Mo. Ave 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) _____

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow - Edna Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 1 - 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 4 13

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

9. BIRTHPLACE (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) _____

PARENTS
10. NAME OF FATHER Jerry Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Boone Co. Mo
12. MAIDEN NAME OF MOTHER Duffington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Mrs Jones Mother
(Address) 718 Mo Ave. Columbia Mo

15. FILED June 16 1930 Beatrice Grubb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to X, 1930, that I last saw h. _____ alive on _____, 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arsenic Poison
Suicide
1637 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 1637
IF NOT AT PLACE OF DEATH. _____

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS _____
(Signed) E. S. Davis, Coroner M. D. _____
, 19 _____ (Address) Columbia 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 Mt Pleasant DATE OF BURIAL 6-16-1930

20. UNDERTAKER Tom McHardy ADDRESS Columbia Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Handwritten notes:
6-16-30
18598
118

SECRET

CONFIDENTIAL

SECRET

