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

Do not use this space.

Dr. Johnson [illegible]

File No. 23366

Registered No.

1. PLACE OF DEATH

County: Johnson

Township: Centerview

City: " (No. , St. Ward)

Registration District No. 431

Primary Registration District No. 5589

2. FULL NAME: Thomas Scott Jones

(a) Residence. No. Centerview St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

AUG 26 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	Col.	~~Peter Jones~~ Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July-4-1855

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
75	—	27	

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): Johnson Co.
(STATE OR COUNTY): Missouri

PARENTS

10. NAME OF FATHER: Andrew Jackson

11. BIRTHPLACE OF FATHER (CITY OR TOWN):
(STATE OR COUNTY): Don't Know

12. MAIDEN NAME OF MOTHER: Don't Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTY): Don't Know

14. INFORMANT: Amanda Smith
(Address): Centerview Mo

15. FILED: Aug 1, 1930 Wm R Patterson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 31 1930

17. I HEREBY CERTIFY, That I attended deceased from July 28th, 1930, to July 31 1930, that I last saw him alive on July 31 1930, and that death occurred, on the date stated above, at 4-P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Hemorrhage

82 A

162 (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Senility

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Here

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John T Anderson M. D.

, 19 (Address) Warrensburg 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
Centerview Mo.	Aug 3 1930
20. UNDERTAKER	**ADDRESS**
Swearingen & Phillips	Warrensburg Mo