

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township Cambridge
City Glenn (No. _____)

Registration District No. 799
Primary Registration District No. 6037B

File No. 28808
Registered No. 48
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. _____
(If nonresident, give city or town and State)
How long in U. S., if of foreign birth? yrs. mos. ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OF RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jennie Johnson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-15-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
75 8 14

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

9. BIRTHPLACE (CITY OR TOWN) Sweet Springs
(STATE OR COUNTRY) Saline Co. Mo.

10. NAME OF FATHER William Jones

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

12. MAIDEN NAME OF MOTHER Caroline Short

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

14. INFORMANT Mrs Jennie Johnson
(Address) Glenn Mo

15. FILED Aug 30 1930 W. Mitchell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 29 1930

17. I HEREBY CERTIFY, That I attended deceased from June 1928, to Aug 29, 1930 that I first saw him alive on Aug 28, 1930 and that death occurred, on the date stated above, at 4:05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteriosclerosis
97

CONTRIBUTORY (SECONDARY) 9/10
(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 Clinical
(Signed) D. Manning M. D.

(Address) Marshall, 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 Glenn Mo
DATE OF BURIAL Aug 31 1930

20. UNDERTAKER Jones and Sons
ADDRESS Glenn 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.

1930

