SEP 25 1930

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

Do not use this space.

30236

File No.
Registered No.

1. PLACE OF DEATH
County: Jasper
Township: Jackson
City: (No. St. Ward)
Registration District No. 408
Primary Registration District No. 5567a

2. FULL NAME: Ollie Etta Jones
(a) Residence. No. Reds mo. R#1 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James Roy Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 14 1886

7. AGE: Years 43 | Months 11 | Days 0 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housekeeper
(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): Jasper Co Mo.

PARENTS
10. NAME OF FATHER: Robert N. Ralston
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ill
12. MAIDEN NAME OF MOTHER: Mary J. Butterfield
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Iowa.

14. INFORMANT: J. R. Jones
(Address): Reds Mo. R#1

15. FILED 9/8, 1930 E. H. Ketchum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 4 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to Sept 4, 1930 that I last saw h. alive on Aug 10, 1930, and that death occurred, on the date stated above, at 6:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma - Duodenum
46 F
(duration) 4 yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? Yes DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) Leroy Simmons, M. D.
9/5, 1930 (Address) Carthage, 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: Hudson Cemetery
DATE OF BURIAL: 9-6 1930
20. UNDERTAKER: Ulmer - Doyle
ADDRESS: Carthage

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.