

NOV 21 1930

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

Do not use this space.

32237

1. PLACE OF DEATH

County Casswell
Township Grant
City Palco (No. _____)

Registration District No. 99
Primary Registration District No. 5146

File No. _____
Registered No. 15
St. _____ Ward _____

2. FULL NAME

Cyber Sid Jones
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 54 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Nelle Jones
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 16 - 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
54 6 4
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Post Master
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Palco Mo
(STATE OR COUNTRY)

10. NAME OF FATHER J. N. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Anna Miles
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

14. INFORMANT C. N. Jones
(Address) Palco Mo

15. FILED Nov 8, 1930 D. B. Mowbray
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 20 1930 to Oct 20 1930. That I last saw him alive on Oct 20 1930, and that death occurred, on the date stated above, at 12:30 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

apoplexy (instantaneous)

CONTRIBUTORY (SECONDARY) Hypertensive Cardiovascular disease
(duration) _____ yrs. mos. ds. (duration) Do not know

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

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) E. H. Nelson, M. D.

'19 (Address) Palco 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 Kingston Mo DATE OF BURIAL Oct 22, 1930

20. UNDERTAKER Alsbaugh & Covery ADDRESS Colo 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.

