

NOV 28 1933

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

Do not use this space.

35171  
Humboldt  
Registered No. 246  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH

County Lemoyne  
Township Center  
City Nevada

Registration District No. 875  
Primary Registration District No. 3039

2. FULL NAME

Myron Eldridge Jones

(a) Residence. No. 1926 4th St. \_\_\_\_\_ Ward. \_\_\_\_\_

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
76 90 17

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 owner

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indianna

10. NAME OF FATHER William Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Penn

12. MAIDEN NAME OF MOTHER Catherine Kayler

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

14. INFORMANT Bert Jones (Address) Nevada Mo

15. FILED 11-10-30 E. R. King, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-2-30 19

17. I HEREBY CERTIFY, That I attended deceased from 9-27-30, 1930, to 10-2-30, 1930 that I last saw h. i. m. alive on Oct 1, 1930 and that death occurred, on the date stated above, at 12:40 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Cerebral appoplexy and Chronic Bright's disease

13/ 85 A (duration) do yrs not know ds.

CONTRIBUTORY (SECONDARY) 129 A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 A IF NOT AT PLACE OF DEATH \_\_\_\_\_

0 DID AN OPERATION PRECEDE DEATH? NO. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) J. T. Humboldt M. D. , 19 (Address) Nevada, 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 Butler Mo DATE OF BURIAL 10/3/1930

20. UNDERTAKER Gene J. H. H. Nevada ADDRESS \_\_\_\_\_

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

