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

Do not use this space.

37126

1. PLACE OF DEATH

County Ray — Registration District No. 914 — File No.

Township Grape Grove — Primary Registration District No. 6286 — Registered No. 19

City ~~Braymer~~ (No. ..... St. ..... Ward)

2. FULL NAME Calvin Jones

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

Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	Wh	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	52	8	16	

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) (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Wm Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn
12. MAIDEN NAME OF MOTHER Mary Jane Silkwood
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ill

14. INFORMANT John Jones, (Address) Braymer, Mo

15. FILED Nov 21, 1930 W E Gant REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 3, 1930. 19

17. I HEREBY CERTIFY, That I attended deceased from Nov. 3, 1930. 19 to Nov. 3, 1930. 19 that I last saw him alive on Nov. 3, 1930. 19 and that death occurred, on the date stated above, at 530, P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia, Cause unknown.
Right side of head.
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) not known
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 15a
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical symptoms
(Signed) Henry H. Patterson, M. D.
Nov. 4, 1930. (Address) Braymer, 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
Tinney Point	11-5- 1930
20. UNDERTAKER	ADDRESS
B. F. Mead	Mo Braymer

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible]