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

Do not use this space.

85

205

FEB 18 1931

PLACE OF DEATH

County: Buchanan — Registration District No.: 1001 — File No.:

Township: — Primary Registration District No.: — Registered No.: 19

City: St. Joseph. (No. 402 W. Ind. Ave. St. Ward)

2. FULL NAME: Eliza A. Jones.

(a) Residence. No. 402 W. Indiana Ave. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 9 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)
Female	White.	Widow.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Abner C. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 8, 1849.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	81	11	27	

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

9. BIRTHPLACE (CITY OR TOWN): Crawfordsville,
(STATE OR COUNTRY): Indiana.

PARENTS

10. NAME OF FATHER: James Shevlin

11. BIRTHPLACE OF FATHER (CITY OR TOWN): **********
(STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Louise Miller

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Crawfordsville
(STATE OR COUNTRY): Indiana.

14. INFORMANT: Mrs. I. N. Shevlin
(Address): 402 W. Indiana Ave.

15. FILED JAN 6 1931 19 John G. Etz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 5 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1930, to Jan 5, 1931, that I last saw her alive on Jan 5, 1931, and that death occurred, on the date stated above, at 12.30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Volvulus Short Duration
Ch.
Gnl. Arterio Sclerosis Ch.
40 A (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Unknown
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
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) A. R. [illegible] M. D.
1/5, 1931 (Address) St. Joseph 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: Crawfordsville, Indiana.
DATE OF BURIAL: Jan. 7, 1931.

20. UNDERTAKER: Fred W. Clark
ADDRESS: 5025 King Hill Av.

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.

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