

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

Do not use this space.

976  
93

**1. PLACE OF DEATH**  
 County Frank Registration District No. 318  
 Township Springfield Primary Registration District No. 2021  
 City Springfield (No. 636 S. Newton Ave.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
**2. FULL NAME** John Hendricks Jones  
 (a) Residence, No. 636 S. Newton Ave. Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Jan. 28 - 1861

**7. AGE** YEARS 70 MONTHS 0 DAYS 3 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

**OCCUPATION**  
**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Janitor  
**9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.** 236  
**10. Date deceased last worked at this occupation (month and year)** \_\_\_\_\_ **11. Total time (years) spent in this occupation.** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**FATHER**  
**13. NAME** J. W. Jones  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**MOTHER**  
**15. MAIDEN NAME** Ellen Hendricks  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Mo.

**17. INFORMANT (ADDRESS)** Mrs. J. H. Jones  
636 S. Newton Ave.

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE East Lawn DATE 2-4-31

**19. UNDERTAKER (ADDRESS)** W. F. Brown  
Walnut & Maple

**20. FILED** 2-4 1931 Lois Sharp Registrar

**4 MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 1-31-31

**22. I HEREBY CERTIFY** That I attended deceased from Dec 25 1930 to Jan 1 1931  
 I last saw him \_\_\_\_\_ alive on Jan 1 1931. Death is said to have occurred on the date stated above, at 9 P. M.  
 The principal cause of death and related causes of importance were as follows:

<u>Apoplexy with hemiplegia</u>	Date of onset <u>12/5/29</u>
<u>Chronic nephritis</u>	<u>1/2/30</u>
<u>Vascular hypertension</u>	

Other contributory causes of importance:  
150  
131

Name of operator \_\_\_\_\_ Date of \_\_\_\_\_  
 What best confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

**23. If death was due to external causes (violence), fill in also the following:**  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

**24. Was disease or injury in any way related to occupation of deceased?**  
 If so, specify Robert Glyn M. D.  
 (Signed) \_\_\_\_\_  
 (Address) Springfield, Mo.

WRITE PAINLY, 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.

APR 18 1931  
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