MAR 25 1931

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

Do not use this space.

6280

1. PLACE OF DEATH
County Macon — Registration District No. 534 — File No.
Township Lingan — Primary Registration District No. 5717 — Registered No. #3
City (No. St. Ward)

2. FULL NAME Ann Eliza Jones
(a) Residence. No. New Cambria St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 5-1841

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
90	1	15	

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

9. BIRTHPLACE (CITY OR TOWN) 1
(STATE OR COUNTRY) Randolf Co Mo

PARENTS
10. NAME OF FATHER Harry Brook
11. BIRTHPLACE OF FATHER (CITY OR TOWN) 2
(STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Tilda Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 3
(STATE OR COUNTRY) Randolf Co Mo

14. INFORMANT Wm Brunner
(Address) New Cambria Mo

15. FILED 2-21-1931 G. T. Lundoy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1930, to Feb 20, 1931, that I last saw her alive on Feb 20, 1931, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Uterus
48
(duration) 5 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY)
(duration) — yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) O. O. West, M. D.
Feb 21, 1931 (Address) New Cambria 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: Mt Salem Cemetery — DATE OF BURIAL: Feb 22 1931

20. UNDERTAKER: J. E. Gilleland — ADDRESS: New Cambria Mo

WRITE PLAINLY 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.