

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.

MAR 26 1931

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

Do not use this space.

6646

1. PLACE OF DEATH
 514 County Polk Registration District No. 701
 Township Marion Primary Registration District No. 5930
 2 City Bellevue (No.) St. Ward
 6. 2. FULL NAME James Middleton Jones, Jr.
 (a) Residence (No.) 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 Male
 4. COLOR OR RACE White
 5. ~~SINGLE~~ ~~MARRIED~~, WIDOWED OR DIVORCED (write the word) widowed
 5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Martha Isabell Jones
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 9, 1852
 7. AGE YEARS MONTHS! DAYS If LESS than 1 day, hrs. or min.
78 3 8

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) Polk County
 (STATE OR COUNTRY) Missouri

PARENTS
 10. NAME OF FATHER James M. Jones Sr.
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Minnie M. Jitrell
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
 (STATE OR COUNTRY)

14. INFORMANT Mrs. H. Wakefield
 (Address) Wishart, Mo.

15. FILED 2/15/31 1931 J. G. Roberts REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12, 1931
 17. I HEREBY CERTIFY, That I attended deceased from June 15, 1931, to July 10, 1931
 that I last saw him alive on July 10, 1931, and that death occurred, on the date stated above, at 3:00 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Concussion prole
510
95B (duration) 1 yrs. mos. ds.
 CONTRIBUTORY cardiac decompensation
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? DATE OF
 WAS THERE AN AUTOPSY?
 WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) G. P. Smith M. D.

*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 W. Gilend
 DATE OF BURIAL July 15, 1931

20. UNDERTAKER W. White and Co.
 ADDRESS Bellevue, Mo.

