

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

Do not use this space.

10330

**1. PLACE OF DEATH**

County Jasper  
Township Carl Junction  
City Carl Junction (No. ....)

Registration District No. 406  
Primary Registration District No. 4240

File No. ....  
Registered No. 8  
St. .... Ward

**2. FULL NAME**

(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 21 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 married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 3 - 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
44 2 6

**8. OCCUPATION OF DECEASED**

- (a) Trade, profession, or particular kind of work .....
- (b) General nature of industry, business, or establishment in which employed (or employer) .....
- (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Argentine (STATE OR COUNTRY) Kans

10. NAME OF FATHER W. G. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) no record (STATE OR COUNTRY) 31

12. MAIDEN NAME OF MOTHER Franca Zisk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) no record (STATE OR COUNTRY)

14. INFORMANT Mr. F. Shroyer (Address) 1407 rail. Super. Mo.

15. FILED 3-11-31 C. B. Roney REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 9 1931

17. I HEREBY CERTIFY, That I attended deceased from March 10, 1931, to March 10, 1931 that I last saw him dead March 10, 1931, and that death occurred, on the date stated above, at 9 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Unknown - Probable heart block - 95A

CONTRIBUTORY (SECONDARY) 95A

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Henry Simmons, M. D. 3-10-31 (Address) Deerwood, Jasper Co.

\*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

Carl Junction Mo Mar 10 1931

20. UNDERTAKER

C. B. Roney Carl J. Mo

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 23 1931

