

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

Do not use this space.

10739

1. PLACE OF DEATH

County Marion Registration District No. 5-48
 Township Liberty Primary Registration District No. 432
 City County Infirmary (No. 5740) St. _____ Ward _____

2. FULL NAME

Sarah Katherine Jones

(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 2 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
70 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 2 1/2
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 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) Palmyra, Missouri

FATHER 13. NAME Thomas Waller
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME Tilda Granes
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) James I. Pflim
Shebbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Palmyra Cemetery DATE 3/27/31

19. UNDERTAKER (ADDRESS) Lewis Bess
Palmyra, Mo.

20. FILED 3/27 - 1931 C. Sanford
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1931

22. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 1931, to March 26, 1931.

I last saw her alive on March 25, 1931. Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis Date of onset 131
 Other contributory causes of importance: 131

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1931
 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? No

If so, specify _____
 (Signed) W. C. O'Neal, M. D.
 (Address) Palmyra, 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 24 1931

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

