

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

Do not use this space.

16765

1. PLACE OF DEATH

County Schuyler
Township Prairie
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 806
Primary Registration District No. 6052

File No. _____
Registered No. _____

2. FULL NAME

Nancy 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 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9, 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 6 6

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

9. BIRTHPLACE (CITY OR TOWN) Stiles
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER Perry Brown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Not known
(STATE OR COUNTRY) _____

12. MAIDEN NAME OF MOTHER _____

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) _____

14. INFORMANT Mrs Myrtle Gibson
(Address) Lancaster Mo

15. FILED 4/1 1931 J. D. Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from April 14 1931, to Apr 15 1931, and that that I last saw her alive on April 16, 1931, and that death occurred, on the date stated above, at 6:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemorrhage
apoplexy

82A
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) arteriosclerosis
about (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) J. H. Keller M. D.

April 6, 1931 (Address) Lancaster 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 Pleasant Grove Cem. DATE OF BURIAL Apr 17 1931

20. UNDERTAKER Jno. A. Roberts ADDRESS Lancaster Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. If approximate, state so. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

MAY 27 1931

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