

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.

JUL 28 1931
16980-3

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

Do not use this space.

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1. PLACE OF DEATH
 111 County Wayne Co. Registration District No. 890
 Township St. Francis Primary Registration District No. 6198
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME Henry 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.

File No. 169303
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>94</u>	<u>2</u>	<u>1</u>	<u>237</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Ohio

FATHER

13. NAME Doit-Kuan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doit-Kuan

MOTHER

15. MAIDEN NAME Doit-Kuan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doit-Kuan

17. INFORMANT (ADDRESS) 70, E. Main St., Greenville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rebatten Cem. DATE April 21, 1931

19. UNDERTAKER (ADDRESS) _____

20. FILED 4-21 1931 A. T. Campbell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1 1931, to Apr 20 1931
 I last saw h. i alive on Apr 1 1931. Death is said to have occurred on the date stated above, at 3 P. m.
 The principal cause of death and related causes of importance were as follows:
Aortic Stenosis Date of onset 1928

Other contributory causes of importance: 92A 92A

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____ (Signed) O. D. Ingema, M. D.
 (Address) Greenville, Mo.

