Dr Forsa

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

Do not use this space.

18441

1. PLACE OF DEATH
County Jefferson — Registration District No. 420 — File No.
Township Vable — Primary Registration District No. 3022 — Registered No. 45
City De Soto (No. , St. 20 Ward)

2. FULL NAME Jennie Elizabeth Jones
(a) Residence, No. 212 S Third St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. E. Jones Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28-1849
7. AGE YEARS 81 MONTHS 4 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Williamsburg, Iowa

FATHER
13. NAME Evan Evans
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER
15. MAIDEN NAME Jyot Kuan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT (ADDRESS) Kirk Jones De Soto, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Williamsburg DATE May 4 1931
19. UNDERTAKER (ADDRESS) Richardson Mothershead Desoto Mo.
20. FILED 6/3 1931 K. H. Pouzyly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1931
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ during 1930, 19, to May 1/31, 19
I last saw her alive on April 11, 1931. Death is said to have occurred on the date stated above, at 12 45 a.m.
The principal cause of death and related causes of importance were as follows:

Cardiac Asthma — fainting (repeated attacks)
Date of onset
Other contributory causes of importance:
Arterio-Sclerosis
Aortic insufficiency

Name of operation None Date of —
What test confirmed diagnosis? 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 —, 19
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. N. Farrar, M. D.
(Address) De Soto Mo.

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

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.

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