

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

Do not use this space.

20799

**1. PLACE OF DEATH**

17 County Carroll Registration District No. 195  
Township Engene Primary Registration District No. 5201  
City Carrollton (No. 1) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_

Registered No. 63

**2. FULL NAME**

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Fannie Nancy Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-28-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
72 1 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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 20 yrs

12. BIRTHPLACE (CITY OR TOWN) Aberdeen (STATE OR COUNTRY) Ohio

MOTHER FATHER 13. NAME Andrew J. Jones

14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Mrs J. S. Jones (ADDRESS) Wakuda mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathey Cem DATE 6/24

19. UNDERTAKER Wells Funeral Home (ADDRESS) Carrollton mo

20. FILED 6-22 1931 Mrs. E. E. Farham Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-22 1931

22. I HEREBY CERTIFY, That I attended deceased from May 17 1931, to 6-22 1931

I last saw him alive on 6-15 1931 (Death is said to have occurred on the date stated above, at 9:30 in.

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

Chc Interstitial nephritis

Date of onset 131

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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? No 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. No

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) H. B. Deverne, M. D.

(Address) Carrollton 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.

JUL 23 1931

RESERVED FOR BINDING

J. NO. 2.

