

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

Do not use this space.

24229

1. PLACE OF DEATH

County Buchanan

Registration District No. **85**

Township.....

Primary Registration District No. 1001

City St. Joseph, (No. 1301 North 25 Street)

File No.....
 Registered No. 711
 St..... Ward.....

2. FULL NAME

Mary S Jones

(a) Residence, No..... St.,..... Ward. Rushville, MO.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. **10** 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 Alfred B Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 16, 1852.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 5 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own Home

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN)..... Buchanan County Missouri
 (STATE OR COUNTRY)

13. NAME Martin Allison

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

15. MAIDEN NAME Polly Ann Taylor

16. BIRTHPLACE (CITY OR TOWN)..... Unknown
 (STATE OR COUNTRY) Indianan

17. INFORMANT Alfred B Jones
 (ADDRESS) Rushville Mo.

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery
 PLACE St Joseph Mo. DATE July 3, 19 **31**

19. UNDERTAKER Haldenwelder
 (ADDRESS) 1802 Union St., St Joseph Mo.

20. FILED 7-2, 19 **31** John A Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 1.**, 19 **31**

22. I HEREBY CERTIFY, That I attended deceased from May 10, 19 **31**, to July 1, 19 **31**.
 I last saw h. or alive on July 1, 19 **31**. Death is said to have occurred on the date stated above, at 2/30p.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset.....
CA A
97
112
82 W
 Other contributory causes of importance:
Arterio Sclerosis & Bronchial Asthma

(Name of operation..... 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....., 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify James Thomas, M. D.
 (Signed) James Thomas
 (Address) 801 1/2 Felix

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.

AUG 6 4 11

