

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.

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

Do not use this space.

25867

1. PLACE OF DEATH *Pettis*
 County *Adair* Registration District No. *668*
 Township *Adair* Primary Registration District No. *3032*
 City *Adair* (No. _____) St. _____ Ward _____

2. FULL NAME *Marcus L. Jones*
 (a) Residence, No. *923 West Fourth St.* Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred *3* 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Mary Francis Jones*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 2 - 1884*

7. AGE YEARS MONTHS DAYS IN LESS than 1 day, hrs. or *80 8 2*

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

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) *Polk mo*

13. NAME *Louis Jones*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Polk mo*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT (ADDRESS) *Hella Jones 923 West Fourth St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Funeraria* DATE *July 4 1931*

19. UNDERTAKER (ADDRESS) *W. L. White 1101 1/2*

20. FILED *7-6* 1931 *MOR* Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 4 1931*

22. I HEREBY CERTIFY That I attended deceased from *Jan 19 25* 19 to *July 4* 1931
 last saw him alive on *July 4* 1931. Death is said to have occurred on the date stated above, at *6:15 a.m.*
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis Septic Rheumatism
923 W 4th
208
137
 Other contributory causes of importance:
Prostatitis chronic

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? _____ 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 _____
 (Signed) *J. J. White* M. D.
 (Address) *Adair mo.*

1950

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1951

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