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.

DEC 23 1931

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

Do not use this space.

35387

1. PLACE OF DEATH
County Pulaski — Registration District No. 713 — File No. —
Township Cullen — Primary Registration District No. 5942 — Registered No. —
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John N Jones
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Lucinda Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-12-1848

7. AGE: YEARS 82 — MONTHS 11 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

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

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

FATHER
13. NAME John Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
15. MAIDEN NAME Catherine Shettelry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) German

17. INFORMANT (ADDRESS) Dave E Jones Spring Creek Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hale DATE Oct 20 1931

19. UNDERTAKER (ADDRESS) Fred H Gilbert Bixon Mo

20. FILED 10/26 1931 C G Talbot Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1931

22. I HEREBY CERTIFY, That I attended deceased from 9/21 1931, to 10/18 1931
I last saw him alive on 9/21 1931. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Lesion
92A
162
Other contributory causes of importance:
Old age
Date of onset

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Physical 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) C G Talbot, M. D.
(Address) Waynesville Mo