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

Do not use this space.

39867

File No.
Registered No.

1. PLACE OF DEATH
County: Shannon
Township: Eminence
City: (No. , St. Ward)
Registration District No. 824
Primary Registration District No. 6676

2. FULL NAME: Susan Jones
(a) Residence, No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
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.

DEC 26 1931

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: H.C. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May - 15 - 1849

7. AGE: Years 82 | Months 5 | Days 26 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Knit
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): Shannon Co Mo

FATHER
13. NAME: Joshua Chitton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

MOTHER
15. MAIDEN NAME: Rebecca Chitton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Texas

17. INFORMANT (ADDRESS): Alex Jones Eminence Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Chitton Cemetery DATE: 11 - 11 - 1931

19. UNDERTAKER (ADDRESS): Noel

20. FILED: 11 - 11 - 1931 Frank Hyde M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov - 11 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept - 1 - 1931, to Nov 11 - 1931
I last saw him alive on Nov 11 1931. Death is said to have occurred on the date stated above, at 4-10 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senile Pneumonia	1-1-31

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify:
(Signed) Frank Hyde, M. D.
(Address) Eminence Mo.