

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

Do not use this space.

41479

1. PLACE OF DEATH

County Linn
Township Parson Creek
City _____

Registration District No. 303
Primary Registration District No. 3669

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

John William 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 25 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 Martha Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16 - 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 0 14

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer). General farming
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Sullivan Co Indiana

PARENTS

10. NAME OF FATHER Mr Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Indiana

12. MAIDEN NAME OF MOTHER Martha G. Water

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Co Indiana

14.

INFORMANT Thos R. Jones
(Address) Madison Mo

15.

FILED 1931 Estlin
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 30 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1931, to Dec 30, 1931, that I last saw him alive on Dec 28, 1931, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia
Influenza
(duration) yrs. mos. 5 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? no DATE OF ✓

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical signs

(Signed) J. M. K. M. D.

Dec 30, 1931 (Address) Sumner Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Madison Mo., Jan. 1932

20. UNDERTAKER ADDRESS

Smiley Bros Madison 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.

