

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

Do not use this space.

1. PLACE OF DEATH  
 14 County County Registration District No. 104  
 2 Township Fulton Primary Registration District No. 3008  
 7 City Fulton (No. 4) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Mary Lou Jones  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) Ashland, Mo. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred yrs. mos. 25 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 337  
 Registered No. 20

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Moss Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>September</u>		
7. AGE	YEARS <u>85</u>	MONTHS _____
	DAYS _____	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) <u>Winters, Mo.</u> <u>31</u>		
FATHER	13. NAME <u>Wm. J. Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Wm. J. Jones</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fulton, Mo.</u>	
17. INFORMANT <u>Records State Hospital #1</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Chen Station</u> DATE <u>1/90</u> 19 <u>32</u>		
19. UNDERTAKER <u>Ashland Undert. Co.</u> (ADDRESS) <u>Ashland</u>		
20. FILED <u>Jan 29</u> 19 <u>32</u> <u>R. M. Crews</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 3 1932 to Jan 27 1932  
 I last saw her alive on Jan 29 1932 Death is said to have occurred on the date stated above, at 3:30 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset \_\_\_\_\_  
930  
97 930  
 Other contributory causes of importance:  
Myocardial degeneration  
8

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 (1)  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. J. Lapp, M. D.  
 (Address) Fulton, Mo.

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.

1932

WHICH TESTS, WITH ONWARDING INK—THIS IS A PERMANENT RECORD

