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.

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

Do not use this space.

1. PLACE OF DEATH
16 County Cape
Township Whitewater
City ~~Burfordville~~ (No. ..... , ... St. ..... Ward)

Registration District No. 124
Primary Registration District No. 5183

File No. 3955
Registered No. 11

2. FULL NAME Josie Bell 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
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 Albert Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 - 1875

7. AGE YEARS 56 MONTHS 5 DAYS 8 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
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) near Burfordville Mo.

FATHER
13. NAME William Proffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Burfordville Mo.

MOTHER
15. MAIDEN NAME Ellen Link
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) near Burfordville Mo.

17. INFORMANT (ADDRESS) Ora Proffer Millersville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Gladish Cemetery DATE 2-25 1932

19. UNDERTAKER (ADDRESS) Cracraft & Miller Jackson Mo.

20. FILED 3-3 1932 D. G. Seibert Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 22 7 P.M., 1932, to Feb 22 9 PM, 1932
I last saw h. ~~m~~ alive on Feb 22, 1932. Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Gall Stone Colic — Date of onset Don't know

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Other contributory causes of importance:

1

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) L. W. L. Seabaugh, M. D.
(Address) Jackson Mo.