

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

Do not use this space.

4670

**1. PLACE OF DEATH**

County Jackson  
Township Raw  
City H. C. Mo. (No. 23 Warner Plaza)

Registration District No. 300  
Primary Registration District No. 100

File No. \_\_\_\_\_  
Registered No. 525  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Nellie Marie Jones**

(a) Residence, No. res. city, Mo. St. X 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 Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 12 - 1883

7. AGE YEARS 48 MONTHS 1 DAYS 27 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Clerk A. J. Store

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clerk 105

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) Mo

FATHER 13. NAME John K. Brooks

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Nellie Lewis

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Engene B. Jones  
(ADDRESS) 23 Warner Plaza

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo. DATE 2-11-32

19. UNDERTAKER M. C. L. Lantz  
(ADDRESS) 918 Broadway, Ark

20. FILED 79 19 3 M. H. Crow  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 9 - 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1932, to Feb. 8, 1932.

I last saw her alive on Feb. 8, 1932. Death is said to have occurred on the date stated above, at 1:30 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

17 108

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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) Harold M. Roberts, M. D.

(Address) 1324 Professional Bldg., H. C., 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.

5600 Wyoming L0-6355  
1/2-7134