

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

Do not use this space. 

1. PLACE OF DEATH

94 County St. Francois
Township Berry
City..... (No..... Ward.....)

Registration District No. 775
Primary Registration District No. 60200

File No. 5891
Registered No.....
St..... Ward.....

2. FULL NAME

Emma Francis 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Jan. 6 1862</u>		
7. AGE	YEARS	MONTHS
	<u>70</u>	<u>1</u>
		DAYS
		<u>7</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

9. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Mo.

PARENTS	10. NAME OF FATHER <u>Unknown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Mo.</u>
	12. MAIDEN NAME OF MOTHER <u>Pierce</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Mo.</u>

14. INFORMANT Leonard Jones
(Address) Bonne Terre Mo.

15. FILED 2-16 1932 R. B. Proter
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) February 12 1932
17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1932 to February 13 1932 that I last saw her alive on Dec 20 1931, and that death occurred, on the date stated above, at Berryway 138m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic nephritis
131 131
162 (duration) 2 yrs 2 mos 7 ds.
CONTRIBUTOR (SECONDARY) 131
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH at Home 

DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
 WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS Examination
(Signed) Lee Turley, M. D.

2-14 1932 (Address) Bonne Terre 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 Bonne Terre Cemetery DATE OF BURIAL 2-18 1932

20. UNDERTAKER C. G. Boyer ADDRESS Berryway

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.

MAR 24 1932

bliss

of bliss
-T. Dr

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Francois Registration District No. 775-
Township Jerry Primary Registration District No. 6020
City (No.) St. Ward

File No.
Registered No. 28

2. FULL NAME

Emma Francis 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6, 1862</u>		
7. AGE	YEARS <u>70</u>	MONTHS <u>10</u>
	DAY <u>7</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Keeper</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) Franklin
(STATE OR COUNTRY) Mo

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Dease
16. BIRTHPLACE (CITY OR TOWN) mo
(STATE OR COUNTRY)

17. INFORMANT Leona Jones
(ADDRESS) Bonne Terre, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bonne Terre Cem DATE 2-18-32

19. UNDERTAKER O. Z. Boyell
(ADDRESS)

20. FILED 4/10 1932
J. A. Son
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1932 to Feb 13, 1932
I last saw her alive on Dec 20, 1931. Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 2 yrs, 2 mo, 7 da.
Other contributory causes of importance: Age

Name of operation Examination Date of
What test confirmed diagnosis? Was there an autopsy? no

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) Lee Turley M. D.
2-14-32 (Address) Bonne Terre Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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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