

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.

JUN 23 1932

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

Do not use this space.

16735

1. PLACE OF DEATH
61 County Macon Registration District No. 533
7 Township _____ Primary Registration District No. 3027
4 City Macon (No. _____) St. _____ Ward _____

2. FULL NAME Ednaid R 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.

File No. _____
Registered No. 37

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 1 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cad Operator

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) Dall gully, N. Wales

13. NAME Cadwader Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Wales

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Wales

17. INFORMANT Morgan R Jones (ADDRESS) Chicago

18. BURIAL, CREMATION, OR REMOVAL PLACE Beverly Ave DATE May 27 1932

19. UNDERTAKER Walter Skunk (ADDRESS) Macon

20. FILED 5/31 1932 Mrs. Luke Funk Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932 to May 1, 1932
I last saw him alive on May 1, 1932 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
131
735
Other contributory causes of importance:
Cardio-vascular
Renal disease

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

23. If death was due to external cause (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) J. P. Houder M.D.
(Address) Macon Mo

Date of onset 1930

