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.

16793.

File No.

Registered No. 144

1. PLACE OF DEATH

64 County Marion — Registration District No. 547

Township Miller — Primary Registration District No. 5739

City ~~Hannibal~~ (No. Marion Co St. Ward)

2. FULL NAME George N. Jones

(a) Residence. No. Marion Co St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 10, 1850

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
82		27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Hannibal
(STATE OR COUNTRY) Mo 1

PARENTS

10. NAME OF FATHER James E Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky 2

12. MAIDEN NAME OF MOTHER Martha A. Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

14. INFORMANT Jas. W. Jones
(Address) Hannibal Mo.

15. FILED 5/20, 1932 C. Clousius REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) ~~April~~ May 5, 1932

17. I HEREBY CERTIFY, That I attended deceased from April 26, 1932, to May 5, 1932 that I last saw him alive on May 5, 1932, and that death occurred, on the date stated above, at 1:30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Septic myocarditis

(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF (1)

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. J. Reichmann, M. D.

May 8, 1932 (Address) Oakwood, 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	DATE OF BURIAL
Hydesburg Cemetery	5-8-1932
20. UNDERTAKER James O'Donnell	ADDRESS Hannibal Mo