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

Do not use this space.

18910

File No.

Registered No. 147

1. PLACE OF DEATH

16 County Cape Girardeau — Registration District No. 125

1 Township — Primary Registration District No. 3009

8 City — (No. Red Star addn St. Ward)

2. FULL NAME Dorthy Jane 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.

JUL 22 1932

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female.

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 7 - 1924

7. AGE: Years 8 — Months 0 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Cape Girardeau Mo.

FATHER

13. NAME: Earl Jones.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): White Water Mo

MOTHER

15. MAIDEN NAME: Mary Powel.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Oriole Mo.

17. INFORMANT (ADDRESS): Earl Jones. Red Star.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hobbs Chapel. DATE 6-20 1932

19. UNDERTAKER (ADDRESS): Hangans Funeral Home. Cape Girardeau Mo

20. FILED 6-20 1932 W. Kampper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6 - 18 - 1932

22. I HEREBY CERTIFY, That I attended deceased from June 16, 1932, to June 18, 1932
I last saw h... alive on June 18, 1932 Death is said to have occurred on the date stated above, at 1 50 p.m.
The principal cause of death and related causes of importance were as follows:

Peritonitis — Date of onset

Other contributory causes of importance:

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 No

(Signed) A. M. Murphy, M. D.
(Address) Cape Girardeau Mo