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.

AUG 22 1932

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

Do not use this space.

22163

1. PLACE OF DEATH
16 County Cape Girardeau — Registration District No. 125
1 Township " " — Primary Registration District No. 3009
8 City " " (No. , St. Ward)

Registered No. 162

2. FULL NAME Sophia Bertha Jones
(a) Residence, No. Smeltersville R F D #2 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March - 7 - 1878

7. AGE: YEARS 54 — MONTHS 3 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235
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): Hoch Mo 1

FATHER
13. NAME: Louis Knop
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany 10

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know 1

17. INFORMANT (ADDRESS): Walter Jones, Smeltersville Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lightner Cemt DATE: July - 4 1932

19. UNDERTAKER (ADDRESS): Haman's Funeral Home, Cape Girardeau Mo

20. FILED: 7-4 1932 W. C. Kempfer, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July - 3 1932

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to July 3, 1932
I last saw her alive on July 2, 1932. Death is said to have occurred on the date stated above, at 12:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tbc. Hip joint	1912
Other contributory causes of importance:	
Bedsores (1)	6-1-32

Name of operation: — 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) Fuhrster Doggett, M. D.
(Address) Cape Girardeau Mo