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.

SEP 21 1932

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

Do not use this space.
25569

1. PLACE OF DEATH
County Callaway
Township Shamrock
City ~~Shamrock Mo~~ (No. ..... , ... St. ..... Ward)

Registration District No. 116
Primary Registration District No. 5166

File No. 18
Registered No. 18

2. FULL NAME Malcom E. Jones

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Jennie C. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18 1853

7. AGE: Years 79 | Months I | Days 28 | If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Un Known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Miss Hudson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT J.W. Jones
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE High Point DATE 8/14/32, 19

19. UNDERTAKER C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED Aug 20, 1932 Ethel Armstrong Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/12/32, 19

22. I HEREBY CERTIFY, That I attended deceased from October, 1929, to Aug. 12, 1932
I last saw him alive on Aug. 9, 1932. Death is said to have occurred on the date stated above, at 9:P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Gastric ulcer, chronic	10 yrs.
1179	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Phys. Exam. 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? No
If so, specify .....
(Signed) Buell Menefee, M.D.
(Address) Montgomery City, Mo