

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.

NOV 22 1932

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

Do not use this space.

28801  
19  
72

1. PLACE OF DEATH  
 25 County Clinton Registration District No. 207  
 4 Township..... Primary Registration District No. 4125-  
 2 City Plattsburg (No. ...., ..... St. .... Ward) (If nonresident, give city or town and State)

2. FULL NAME Lucy Jones  
 (a) Residence, No. .... St. .... Ward.  
 (Usual place of abode)  
 Length of residence in city or town where death occurred yrs. mos. 14 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 20 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>74</u>	<u>4</u>	<u>28</u>	

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

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) Newark 2

MOTHER FATHER

13. NAME Madwell E. Downing

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark

15. MAIDEN NAME Rachel Sparks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark

17. INFORMANT Edgar E. Downing  
 (ADDRESS) Plattsburg, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Springfield DATE Sept 20 1932

19. UNDERTAKER Allego & Co. Inc.  
 (ADDRESS) Plattsburg, Mo.

20. FILED 9/26 1932 Ernest C. Hartman  
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1932, to Sept. 18, 1932  
 I last saw him alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 9:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorag,  
(Apoplexy)  
82-1  
97  
 Other contributory causes of importance:  
Atherosclerosis

Name of operation..... Date of.....  
 What test confirmed diagnosis AP NO 2154 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) O. M. Steckman, M. D.  
 (Address) Plattsburg, Mo.

Date of onset  
9-18-32

