

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

Do not use this space.

43053

113

1. PLACE OF DEATH

County North

Registration District No. 905-

File No.

Township Allen

Primary Registration District No. 6216

Registered No.

City (No.) St. Ward

2. FULL NAME

John Henry 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

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

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mollie Jones

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

Dec 31 1863

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>69</u>	<u>2</u>	<u>14</u>	

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)

Green County Tennessee

10. NAME OF FATHER

John Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tennessee

12. MAIDEN NAME OF MOTHER

Peters

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Tennessee

14.

INFORMANT (Address)

J. H. Brown
1112

15.

FILED

Jan 9 1933

Mrs. Mays Long

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 17 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Dec 17, 1932, and that I last saw him alive on Dec 17, 1932, at 5-10 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Bladder

CONTRIBUTORY (SECONDARY)

IB
516

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH,

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Sept 1937

WAS THERE AN AUTOPSY? not

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic

(Signed) Louis W. Lohm, M. D.

, 19 (Address) Denver Colo

*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

New Hope

12/19 1932

20. UNDERTAKER

ADDRESS

Brown Bros

Denver

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X. 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.

