

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

Do not use this space.  
64 Nov 1933

1. PLACE OF DEATH:  
 31 County Jackson Registration District No. 252  
 Township \_\_\_\_\_ Primary Registration District No. 4357  
 4 City Jaysport (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 3 2. FULL NAME Oliver A. 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 Female 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George R. Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14 1869  
 7. AGE YEARS 63 MONTHS 3 DAYS 16 If LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife  
 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) near Gallatin, Mo (STATE OR COUNTRY) Mo  
 FATHER 13. NAME Jones Knight  
 14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) \_\_\_\_\_  
 MOTHER 15. MAIDEN NAME Sarah Pennington  
 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) \_\_\_\_\_  
 17. INFORMANT Mrs Elizabeth P. Cook (ADDRESS) Columbia Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Logan Cem DATE Nov 3 1933  
 19. UNDERTAKER Chris Abernethy (ADDRESS) Jaysport Mo  
 20. FILED Nov 8 1933 J. E. Hook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 29 . 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 11/27 . 1933, to 1/29 . 1953  
 I last saw h. m. alive on 29 . 1933 Death is said to have occurred on the date stated above, at 530 m.  
 The principal cause of death and related causes of importance were as follows:  
Poison with canker potato Date of onset 16 31 57 16 33  
 Other contributory causes of importance: Arteriosclerosis  
 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? suicide Date of injury 1/29 . 1933  
 Where did injury occur? at her home (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) J. E. Hook M. D.  
 (Address) Jaysport Mo

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.

WHILE FATHER; WITH CHANGING MARITALS IS A PERMANENT RECORD

