

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

Do not use this space.

6602

**1. PLACE OF DEATH**

County Morgan  
Township HAW CREEK  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 911  
Primary Registration District No. 57

File No. \_\_\_\_\_  
Registered No. 5

**2. FULL NAME** Georgia Ann Jones

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX F. M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1933

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1932 to Feb 7, 1933  
I last saw her alive on Feb 6, 1933 Death is said to have occurred on the date stated above, at 12:30 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15<sup>th</sup> 1966

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
66 3 22

Cancer of stomach Date of onset Aug 33

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

Other contributory causes of importance:  
Cancer of breast (carcinoma)  
breast removed 2 yrs ago

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 12 S. of Versailles, Mo

13. NAME Charles H. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) London, Eng.

15. MAIDEN NAME SARAH ANN CLARK

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Kentucky

17. INFORMANT (ADDRESS) Percy Wife Versailles

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Cem DATE Feb 9, 1933

19. UNDERTAKER (ADDRESS) W. F. ... Versailles, Mo

20. FILED \_\_\_\_\_, 19 \_\_\_\_\_ Registrar.

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? no  
If so, specify \_\_\_\_\_  
(Signed) A. J. Gunn M. D.  
(Address) Versailles, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

1  
2  
3



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Morgan  
Township Haw Creek  
City (No. ...., No. ...., No. ....)

Registration District No. 919  
Primary Registration District No. 5793.9

File No. ....  
Registered No. 148 St. .... Ward

**2. FULL NAME**

Georgia Ann Jones St. .... Ward

(a) Residence, No. ....

(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) 2

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 - 1866

7. AGE YEARS 66 MONTHS 3 DAYS 22 If LESS than 1 day, .... hrs. or .... min.

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

FATHER 13. NAME Charles H. Jones

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

MOTHER 15. MAIDEN NAME Sarah Ann Clark

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

17. INFORMANT Percy (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Versailles Com. DATE Feb 9 - 1933

19. UNDERTAKER W. F. Kidwell (ADDRESS) Versailles, Mo

20. DIED May 13 1933 Chas. L. Rippey Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.  
The principal cause of death and related causes of importance were as follows:

Causes of death: Cancer of stomach  
Other contributory causes of importance: Cancer of breast - breast removed 2 years ago

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? ..... 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) A. J. Gunn M. D.  
(Address) Versailles, Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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