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.

APR 21 1933

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

Do not use this space.

85

8557

1. PLACE OF DEATH
County Buchanan — Registration District No. 1001 — File No.
Township St. Joe — Primary Registration District No. — Registered No. 276
City St. Joe (No. , Mo Mult St. Ward)

2. FULL NAME B. M. Jones
(a) Residence, No. St., Ward. Willow Brook Mo
(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 Mary Abby Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7 1867
7. AGE YEARS 65 MONTHS 11 DAYS 1 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 97
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1535
10. Date deceased last worked at this occupation (month and year) 1917
11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeKalb, Mo

FATHER
13. NAME J. H. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Unknown

MOTHER
15. MAIDEN NAME Sarah Peabody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri Unknown

17. INFORMANT (ADDRESS) Robert D. Jones 1923 Jones St. Joe.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Agency Mo DATE Mar 10 1933
19. UNDERTAKER (ADDRESS) H. A. Sullins Flower Mo
20. FILED 3-8- 1933 John R. Binder Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 1st 1933 to Feb 8th 1933
I last saw him alive on Feb 8th 1933. Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	Don't Know
Perforating Ulcer of Left foot	
97	

Other contributory causes of importance:
Amputation of leg above the knee. Left leg.

Name of operation see above. Date of 3/4/33.
What test confirmed diagnosis? Laboratory 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. E. Holley, M. D.
(Address) 822 Edmond St Joseph Mo