

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

Do not use this space.

8886

1. PLACE OF DEATH
 County Clay Registration District No. 198
 Township Fishing River Primary Registration District No. 3011
 City Excelsior Springs, Mo. Veterans Hospital St. 3rd Ward 46

2. FULL NAME JONES, Frank
 (a) Residence, No. Veterans Hospital, Excelsior Springs, Mo. Trenton Nebraska
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1871

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
61 8 17

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Nicholas Jones

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

15. MAIDEN NAME Mary Linn

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

17. INFORMANT (ADDRESS) Veterans Hospital Records
Excelsior Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trenton Neb DATE 3-21 1933

19. UNDERTAKER (ADDRESS) John C. Prather
Excelsior Springs, Mo.

20. FILED 3/20 1933 J. D. Oraven
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18 1933, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1933, 1933, to March 18 1933, 1933.
 I last saw him alive on March 18 1933, 1933. Death is said to have occurred on the date stated above, at 11:50 pm.
 The principal cause of death and related causes of importance were as follows:

Nephritis
132A
930
132
 Other contributory causes of importance:
Myocardial failure (senile type)

Name of operation none Date of
 What test confirmed diagnosis? ex. & obs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury , 1933.
 Where did injury occur? X
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. X

Manner of injury X
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify unknown
 (Signature) Garrett V. Johnson M. D.
 (Address) Excelsior Springs, Mo.

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.

MARGIN RESERVED FOR BINDING

U. S. NO. 1

