

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 24 1938

Dr. J. W. [Signature]

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

Do not use this space.

9045

1. PLACE OF DEATH

County Daniels
Township Jamesport
City Jamesport (No.)

Registration District No. 25-2
Primary Registration District No. 435-1

File No. 1
Registered No. 27
St. Ward

2. FULL NAME

George R. 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

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1846
7. AGE YEARS 86 MONTHS 6 DAYS 30
If LESS than 1 day, hrs. min.

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

13. NAME Elias Jones

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

15. MAIDEN NAME Rader

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

17. INFORMANT Oliver Jones
(ADDRESS) 4429 Holly St. No. 20

18. BURIAL, CREMATION, OR REMOVAL PLACE Wt. Syn. Cem. DATE March 2, 1938

19. UNDERTAKER Edwin Roper
(ADDRESS) Jamesport Mo.

20. FILED Apr. 7 1938 Nelle M. Wilcox
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19 1938

22. I HEREBY CERTIFY, That I attended deceased from 1932 to 3/19, 1938
I last saw him alive on 3/19, 1938 Death is said to have occurred on the date stated above, at 8:10 P. M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
arterio sclerosis
Date of onset

Name of operation Date of
What test confirmed diagnosis? Physical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) H. N. Litchfield, M. D.
(Address) Jamesport Mo.

