

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

Do not use this space.

16894
198

1. PLACE OF DEATH

County Jasper
Township Jasper Twp
City Jasper Mo (No. _____)

Registration District No. 411
Primary Registration District No. 2002

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2000 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 Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 17-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 1 1

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

13. NAME Wm H. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Mo

15. MAIDEN NAME Esther May Crossley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madisonville Mo

17. INFORMANT (ADDRESS) Wm H. Jones Wyandotte Okla

18. BURIAL, CREMATION, OR REMOVAL PLACE Wyandotte Okla DATE May 15 1933

19. UNDERTAKER (ADDRESS) Frank Deary 2000 Jasper Mo

20. FILED 5/18 1933 Ed Benson Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17 1933

22. I HEREBY CERTIFY, That I attended deceased from May 6 1933 to May 17 1933
I last saw him alive on May 17 1933 Death is said to have occurred on the date stated above, at 8-2 a.m.
The principal cause of death and related causes of importance were as follows:

Illness following surgical operations for complete obstruction
Date of onset 15 days

Other contributory causes of importance: 1572

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. H. Hestell M. D.
(Address) Jasper 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.

