

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

Alice
Do not use this space.

20413

1. PLACE OF DEATH

County Miller
Township Saline
City Eldon (No. _____)

Registration District No. 561
Primary Registration District No. 4330

File No. _____
Registered No. 34
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Cotten Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1869</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>28</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as aptianer, sawyer, bookkeeper, etc. <u>Farmer Retired</u>	
	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 _____
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bolivar Mo</u>	
FATHER	13. NAME <u>Willis B Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>	
	15. MAIDEN NAME <u>Emeline Adcock</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>	
17. INFORMANT <u>Mrs Frank Jones</u> (ADDRESS) <u>Eldon Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hopewell Cem.</u> DATE <u>June 20, 1933</u>		
19. UNDERTAKER <u>Phillips Funeral Home</u> (ADDRESS) <u>Eldon Mo.</u>		
20. FILED <u>6-19, 1933</u> <u>Belle Haynes</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 1, 1933, to June 18, 1933

I last saw him alive on June 18, 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:

Encephalitis Date of onset _____

11 B 11 10

Other contributory causes of importance:
Influenza

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) Alice, M. D.

(Address) Eldon 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.

JUL 28 1933

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