

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

Do not use this space.

23286

**1. PLACE OF DEATH**

County Jackson  
Township Franklin  
City S. C. Mo.

Registration District No. 389  
Primary Registration District No. 1000  
(No. Wesley Hoop)

File No. 2992  
Registered No. 2992  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Alice Jones

(a) Residence, No. Lawson Mo. 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 Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
51

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) \_\_\_\_\_

13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawson Mo. DATE July 25 1933

19. UNDERTAKER (ADDRESS) Rose Henderson  
413 E 15th

20. FILED July 22 1933 M. M. Brown Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1933, to July 23, 1933.  
I last saw her alive on July 23 5:55, 1933. Death is said to have occurred on the date stated above, at 11 a.m.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of ovary - 2 yrs

Other contributory causes of importance: Inanition and exhaustion

Name of operation Laparotomy Date of Dec 1932  
What test confirmed diagnosis? Path. 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 \_\_\_\_\_, 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) L. A. Marty, M. D.  
(Address) 815 W. E. Ave

N. B.—Every item of information should be carefully supplied. For names of cities and towns, see the directory. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

35  
31  
33

