

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.

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

Do not use this space.

1. PLACE OF DEATH
 102 County Shelby Registration District No. 1024
 Township Tiger Fork Primary Registration District No. 6088
 City Bethel, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME Susanna Paul Jones

(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 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

25334

File No. _____
 Registered No. 4
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 30 - 1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,	hrs.	min.
<u>80</u>	<u>1</u>	<u>16</u>				

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) Kentucky

13. NAME Joel Cole

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

15. MAIDEN NAME Helia Paul

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

17. INFORMANT Charles B Jones
 (ADDRESS) Bethel, Mo. R.F.D. No. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Shilo Cemetery DATE 7-17-33

19. UNDERTAKER Wm. McGraw
 (ADDRESS) Bethel, Mo.

20. FILED Aug 1 1933 Wm L. Smith
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16-33 1933

22. I HEREBY CERTIFY That I attended deceased from June 1 1933, to July 14 1933
 Last saw her alive on July 14 1933. Death is said to have occurred on the date stated above, at 6:35 a.m.

The principal cause of death and related causes of importance were as follows:
Chronic Nephritis -
General Degeneration - July 11 1923

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? No
 If so, specify _____
 (Signed) D. R. Simpson M. D.
 (Address) Bethel Mo.

