

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.

SEP 26 1933

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

Do not use this space.

Dr. Sayre
26153

1. PLACE OF DEATH
 39 County *Suenee* Registration District No. *315*
 Township *Springfield Mo.* Primary Registration District No. *2001*
 3 City *Springfield Mo.* No. *6031* *W. Scott* St. *579* (Ward)
 5
 2. FULL NAME *Mrs. Sophie Jones*
 (a) Residence, No. *1031 W. Scott* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Divorced*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *W. R.*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec 10 - 1857*
 7. AGE YEARS *75* MONTHS *9* DAYS *29* If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Home*
 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) *Suenee Co., Billings -*
 MOTHER FATHER
 13. NAME *John Laney*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Iowa.*
 MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT *Mrs. Laura Hancock*
 (ADDRESS) *1031 W. Scott*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Cresskill Cem.* DATE *Aug 11 - 1933*
 19. UNDERTAKER *John Smith* (ADDRESS) *Springfield Mo.*
 20. FILED *8-9* 1933 *Ralph Langston* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug. 9 - 1933*
 22. I HEREBY CERTIFY, That I attended deceased from *July 1933* to *Aug 9 1933*
 I last saw h. *er* alive on *Aug 8 1933* Death is said to have occurred on the date stated above, at *3 P.* m.
 The principal cause of death and related causes of importance were as follows:
acute regurgitation
 Date of onset _____
 Other contributory causes of importance: *gall*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Operated* 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? *ND*
 If so, specify _____
 (Signed) *J. Sayre*, M. D.
 (Address) *623 Woodruff*

