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

Do not use this space.

File No. 26849

Registered No. 1863

1. PLACE OF DEATH

53 County: Laclede — Registration District No. 449

Township: Lebanon — Primary Registration District No. 5-609

City ..... No. ..... St. ..... Ward)

2. FULL NAME: John C 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Doris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr 12 1869

7. AGE: Years 64 Months 4 Days 8 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman

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): Campbellites Mo

FATHER

13. NAME: John Calvin Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Rebecca McDaniels

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

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17. INFORMANT (ADDRESS): Pete Jones Lebanon Rt 1

18. BURIAL, CREMATION, OR REMOVAL: Campbellites PLACE DATE Aug 21 1933

19. UNDERTAKER (ADDRESS): Holman & Stewart Lebanon Mo

20. FILED Aug 21 1933 J. M. Billings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 19 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1933, to Aug 19, 1933

I last saw him alive on Aug 7, 1933. Death is said to have occurred on the date stated above, at 3-30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1930

Other contributory causes of importance:

53

Name of operation: none Date of .....

What test confirmed diagnosis? Sputum Was there an autopsy? no

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) H. C. Hamilton, M. D.

(Address) Lebanon, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD