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

Do not use this space.

1. PLACE OF DEATH
County Atchinson
Township Lincoln
City Westboro (No. ..... St. ..... Ward)

Registration District No. 22
Primary Registration District No. 4016

File No. 28683
Registered No. 6

2. FULL NAME James Price 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 12 yrs. 6 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Francis Jones.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 14th, 1863

7. AGE: YEARS 69 | MONTHS 9 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Carthage Missouri.

PARENTS
10. NAME OF FATHER: James Grear Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Not Known.
12. MAIDEN NAME OF MOTHER: Susan Jane Hammer
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Not known.

14. INFORMANT: Mrs. White.
(Address) Memphis, Tenn.

15. FILED Sept 14 1933 G W Scott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 13 1933

17. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1933, to Sept 13, 1933, that I last saw him alive on Sep 13, 1933, and that death occurred, on the date stated above, at 11:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Carcinoma of Submaxilary Salivary Gland under right side of face about 45 E (duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 53 E (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical - He would not submit to operation or any other test
(Signed) G W Scott, M. D.
Sept 14, 1933 (Address) Westboro. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Center Grove Cemetery Near Westboro, Mo.
DATE OF BURIAL: Sept. 15 1933

20. UNDERTAKER: Scott Tucker
ADDRESS: Westboro Missouri.

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.

OCT 20 1933

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