

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

Do not use this space.

28754

**1. PLACE OF DEATH**

County B Boone Registration District No. 173 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3006 Registered No. 192  
 City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Daniel Brown Jones  
 (a) Residence, No. 317 Stearns St. 2nd Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ma Eckley Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 8 1880  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 Six 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchandise  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ladue Henry Co. Mo.

13. NAME Samuel Hillis Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martha ville Texas

15. MAIDEN NAME Cynthia A Gierwolf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Martha ville Texas

17. INFORMANT (ADDRESS) W. B. Jones Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE 9-14-33

19. UNDERTAKER (ADDRESS) Parlier Funeral Co Columbia

20. FILED 9/14 1933 Allie Selby Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-11-1933 to Sept. 12-1933  
 I last saw him alive on Sept. 12 1933 Death is said to have occurred on the date stated above, at 8:40 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Apoplexy

Other contributory causes of importance:  
Arteriosclerosis  
Diabetes  
 Date of onset 7-11-33

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_

(Signed) W. A. Bryant, M. D.  
 (Address) Columbia, Mo.

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.

OCT 20 1933

