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

Do not use this space.

28758

File No. .....

Registered No. 196

1. PLACE OF DEATH

County Boone — Registration District No. 73

Township ..... — Primary Registration District No. 3006

City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Thomas Jones

(a) Residence, No. 500 Paquin St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

10 3 8 1933 OCT 29

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3-23-1872

7. AGE: Years 61 — Months 5 — Days 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: laborer
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): March 1933
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

FATHER

13. NAME: Andrew Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Boone County Missouri

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY):

17. INFORMANT: Laura Jones
(ADDRESS) Columbia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery 9-21 1933

19. UNDERTAKER: Stephen D. Parker
(ADDRESS) Columbia, Missouri

20. FILED 9/21/1933 Allie Selby Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 9-14-33 19..., to 9-16-33, 19...

I last saw him alive on 9-16-33, 19..... Death is said to have occurred on the date stated above, at 11:00 a.m.

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

	Date of onset
Cerebral Hemorrhage	
82A	

Other contributory causes of importance:

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? .....

If so, specify .....

(Signed) O. A. Moore M. D.

(Address) 715 Broadway Columbia 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

MARGIN RESERVED FOR BINDING

No. 2