

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

Do not use this space.

29191

1. PLACE OF DEATH

County Daviess Registration District No. 248
Township Liberty Primary Registration District No. 4148
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 17

2. FULL NAME

Rosa Lee 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J R Jones</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5 2 1868</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>65</u>		<u>7</u>	<u>7</u>	<u>20</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>				
	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) <u>Winsten Daviess</u>					
FATHER	13. NAME <u>John T. H. Rydick</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>				
MOTHER	15. MAIDEN NAME <u>Francis Holmes</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind</u>				
17. INFORMANT <u>San Celie Jones</u> (ADDRESS) <u>Wolo mo</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walt mont</u> DATE <u>9-24</u> 19 <u>33</u>					
19. UNDERTAKER <u>Kate Stroup</u> (ADDRESS)					
20. FILED _____ 19 <u>W. S. Taylor</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct 1933, to Sept 22 1933
I last saw her alive on Sept 10 1933 Death is said to have occurred on the date stated above, at 2 P.M.
The principal cause of death and related causes of importance were as follows:
Carcinoma Liver
H&E
not known

Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____
What test confirmed diagnosis? phy Ex 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? _____
If so, specify _____
(Signed) Fred W. Wilson, M. D.
(Address) Winsten 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.

OCT 20 1933

