

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.

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

Do not use this space.

32630

1. PLACE OF DEATH

County Daviess Registration District No. 250
 Township _____ Primary Registration District No. 4150
 City Gallatin (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 680

2. FULL NAME

Name James I. 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>male</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>Offa Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar-17-1873</u>		
7. AGE YEARS <u>60</u>	MONTHS <u>6</u>	DAYS <u>25</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc. <u>Farmer</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) <u>March-1-1925</u>	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Mo.

13. NAME Joseph Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Mary Britten

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Mo.

17. INFORMANT (ADDRESS) Offa Jones
Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE White Cemetery DATE 10/9-1933

19. UNDERTAKER (ADDRESS) H. A. Hope
Gallatin, Mo.

20. FILED 10/8 1933 The Gardner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1930, to Oct. 7, 1933
 I last saw him alive on Oct. 7-1933 Death is said to have occurred on the date stated above, at 11 a. m.

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

Pulmonary Tuberculosis Date of onset 1920

Other contributory causes of importance:

none

Name of operation none Date of _____

What test confirmed diagnosis? Murphy's 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) M. A. Smith, M. D.
 (Address) Gallatin Mo.

