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

Do not use this space.

32829

File No. 79

Registered No. .....

1. PLACE OF DEATH

41 County Harrison

Township Colfax

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

Registration District No. 335

Primary Registration District No. 5469

2. FULL NAME Fred Wallace Jones

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

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

NOV 10 1933

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.

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: Eulah Lee Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 9-30-1866

7. AGE: 67 YEARS, 0 MONTHS, 29 DAYS. If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Crotin, Lee Co., Iowa.

PARENTS

10. NAME OF FATHER: Parker Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ohio

12. MAIDEN NAME OF MOTHER: Josephine Battern

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown Mo.

14. INFORMANT: Eulah L Jones
(Address) Blythedale, Mo.

15. FILED 11/4, 1933 L. J. Castle, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 29, 1933

17. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1933, to ....., 19.... that I last saw him alive on Oct 29, 1933 and that death occurred, on the date stated above, at 8 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Coronary Thrombosis
9 Hrs
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Coronary Artery Disease
(duration) 2 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? History & Examination
(Signed) C. E. Sixbury, M. D
, 19 (Address) Lamoni, Ia

*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: Andover, Mo.

DATE OF BURIAL: 10/31 1933

20. UNDERTAKER: Tollin S. White

ADDRESS: Lamoni Ia