1819 S.K.

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

Do not use this space.

1939781

JAN 26 1934

1. PLACE OF DEATH

39 County Green — Registration District No. 318 — File No.

Township Campbell — Primary Registration District No. 2001 — Registered No. 910

3 City Springfield (No. Springfield Baptist Hosp St. Ward)

5

2. FULL NAME Mrs Dora Jones

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

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 Female — 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 James Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6" 1899

7. AGE — YEARS 34 — MONTHS 8 — DAYS 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper

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) Mo.

FATHER

13. NAME Marion Ellingsworth

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

MOTHER

15. MAIDEN NAME Latistine Noel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) James Jones Garrison Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Garrison DATE Dec 26" 1933

19. UNDERTAKER (ADDRESS) T. B. Chaffin Ozark Mo

20. FILED 12/25/ 1933 Ralph W Langston Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25" 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 25, 1933 to Dec 25, 1933

I last saw her alive on Dec 25 1933 Death is said to have occurred on the date stated above, at 9 pm.

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

	Date of onset
Eclampsia - Toxemia of Pregnancy	4 00 pm 12/25/33
146	
147	
148	

Other contributory causes of importance

Pregnancy

146

Name of operation none 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? 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 no

(Signed) Fred R. Farthing M. D.

(Address) 500 Med Arts Bldg Spfld 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.

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