

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.

RECORD WITH ON-PAGING INK—THIS IS A PERMANENT RECORD

REC-27 1934

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

Do not use this space.

PLACE OF DEATH

County Putnam
Township Wilson
City Unionville (No.)

Registration District No. 718
Primary Registration District No. 3948

File No. 2221
Registered No.
St. Ward)

2. FULL NAME

Laura 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 *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frank Jones*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 20 - 1870*

7. AGE YEARS *63* MONTHS *10* DAYS *22* IF LESS THAN 1 day, hrs. or min.

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

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) *West Virginia*

13. NAME *J. Johnson*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

17. INFORMANT *Frank Jones* (ADDRESS) *Unionville, Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Removal* DATE *Jan 14 1934*

19. UNDERTAKER *J. H. Husted & Son* (ADDRESS) *Unionville Mo*

20. FILED *Jan 13 1934* *J. W. Gillman* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 12 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb 15 1933* to *Jan 12 1934*

I last saw her alive on *Jan 12 1934*. 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:

Acute Glomerular Nephritis

106°F
130

Other contributory cause of importance: *Acute Bronchitis*

Name of operation

What test confirmed diagnosis? *clin + lab.* Was there an autopsy? *No*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

Manner of injury

24. Was disease or injury in any way related to occupation of deceased? *No*

If so, specify *Benjamin E. Cobb* M. D.

(Address) *Unionville Mo*

