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

Do not use this space.

File No. 4288

Registered No.

1. PLACE OF DEATH

County Christian  Registration District No. 185

Township Sparta  Primary Registration District No. 4111

City Sparta. (No. , St. Ward)

2. FULL NAME Azariah 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: Male

4. COLOR OR RACE: Cauc.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Laura Jones.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 6th, 1869.

7. AGE: YEARS 65 | MONTHS | 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. Merchant.

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) Lutie, Mo.

FATHER

13. NAME B.B. Jones

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

MOTHER

15. MAIDEN NAME Delila Duggins.

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

17. INFORMANT (ADDRESS) Zack St John.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lutie, Mo. DATE Feb 28th, 1934

19. UNDERTAKER (ADDRESS) B.C. Klepper, Ozark, Mo.

20. FILED 3-22, 1934 Mrs. L.B. Clemons, Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25th, 1934.

22. I HEREBY CERTIFY, That I attended deceased from Feb 28th, 1932, to Feb 25th, 1934

I last saw him alive on Feb 2nd, 1934. Death is said to have occurred on the date stated above, at 3.45 A.M.

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

| | Date of onset |
|---|---|
| Carcinoma of Prostate Gland. | 1931. |

Other contributory causes of importance:

Name of operation Cautery punch. Date of 7/11/32.

What test confirmed diagnosis? Biopsy 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) H.J. [illegible], M. D.

(Address) Sparta, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD