

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

Do not use this space.

9311

49. PLACE OF DEATH

County Jasper  
Township Cartersville  
City Cartersville (No. ....)

Registration District No. 4109  
Primary Registration District No. 4-11

File No. ....  
Registered No. ....  
St. .... Ward)

2. FULL NAME

George W. Jones  
(a) Residence, No. 230 E. Daugherty 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>Clara Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 10, 1870</u>		
7. AGE	YEARS <u>63</u>	MONTHS <u>3</u>
	DAYS <u>15</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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) Carroll County  
(STATE OR COUNTRY) Arkansas

MOTHER FATHER 13. NAME James Jones

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

MOTHER 15. MAIDEN NAME Isabella Wilhelm

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

17. INFORMANT Ma Clara Jones  
(ADDRESS) Cartersville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cartersville DATE 3/7 1934

19. UNDERTAKER West City Undert Co  
(ADDRESS) West City, Mo.

20. FILED 3/6 1934 J. W. Clark  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1934, to March 5, 1934.  
I last saw him alive on March 5, 1934. Death is said to have occurred on the date stated above, at 8:50 p. m.

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

Pulmonary Tuberculosis. Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

(Signed) H. L. Wilbur, M. D.  
(Address) J. O. Plair, Mearns

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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