

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

Do not use this space.

9352

1. PLACE OF DEATH

49 County Jasper Registration District No. 411
 7 Township Palma Primary Registration District No. 2002
 5 City Joplin No. 1306 Broadway Ward)
 2. FULL NAME Walter C. Jones Mollie C. 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 <u>Male</u>	4. COLOR OR RACE <u>W.</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>W.S.P. Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 17, 1893</u>		
7. AGE <u>61</u>	YEARS <u>75</u>	MONTHS <u>4</u>
	DAYS <u>19</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>Jacob Jugal</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
15. MAIDEN NAME <u>Mary Bally</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
17. INFORMANT (ADDRESS) <u>W.S.P. Jones</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview</u> DATE <u>3/10/34</u>		
19. UNDERTAKER (ADDRESS) <u>Hurlbert Undertaking Co</u>		
20. FILED <u>3-8-34</u> 19 <u>34</u> <u>Ed Jones</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-8-34

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1934, to Mar 8 1934
 I last saw him alive on Feb 16 1934 Death is said to have occurred on the date stated above, at 11-AM
 The principal cause of death and related causes of importance were as follows:

Coronary Heart disease

Other contributory causes of importance:
94

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) Ray E. Thoms, M. D.
 (Address) 1000 S. 1st St. Joplin 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.

