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.

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

Do not use this space.

9627

APR 25 1934

1. PLACE OF DEATH
County Macon
Township
City Bevier (No. ..... St. ..... Ward)

Registration District No. 527
Primary Registration District No. 5703

File No.
Registered No.

2. FULL NAME Sarah 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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert D. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27 - 1854

7. AGE YEARS 79 MONTHS 7 DAYS 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) North Wales

FATHER
13. NAME John Griffith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Wales

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Wales

17. INFORMANT (ADDRESS) Elwin McBride Bevier Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE West Oakwood DATE 3/22/34 19

19. UNDERTAKER (ADDRESS) H. G. Edwards Bevier Mo

20. FILED March 23 1934 Edward Simpson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 19, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 10, 1933, to March 19, 1934
I last saw her alive on March 16, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	3-1-33
93c Arterio Sclerosis with hypertension more	10 or yrs
Other contributory causes of importance: 93c	
Cerebral hemorrhage (apoplexy)	3-9-34

Name of operation none 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? NO
If so, specify
(Signed) J. P. Greenaway M. D.
(Address) Macon Mo.