

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County WrightRegistration District No. 911File No. 15581Township MontgomeryPrimary Registration District No. 6227

Registered No. _____

City _____ (No. _____)

St. _____ Ward _____

2. FULL NAME

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martha Jones6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT-9-18717. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min. 62 68. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming

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) Wright Co. Missouri13. NAME Fredrick Wellington Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williams Co. Ohio15. MAIDEN NAME Nancy Melvina Carpenter16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williams County Ohio17. INFORMANT Willie Jones (ADDRESS) District, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Little Creek Cemetery DATE Apr 16 193419. UNDERTAKER Rowe & Wade (ADDRESS)20. FILED Apr 16 1934 H. Henry Moseley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April-9-193422. I HEREBY CERTIFY, That I attended deceased from Jan-22-1934 to April-9th 1934Last saw him alive on Oct-7-1934. Death is saidto have occurred on the date stated above, at 2:30 P.m.

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

Bright's Disease

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.

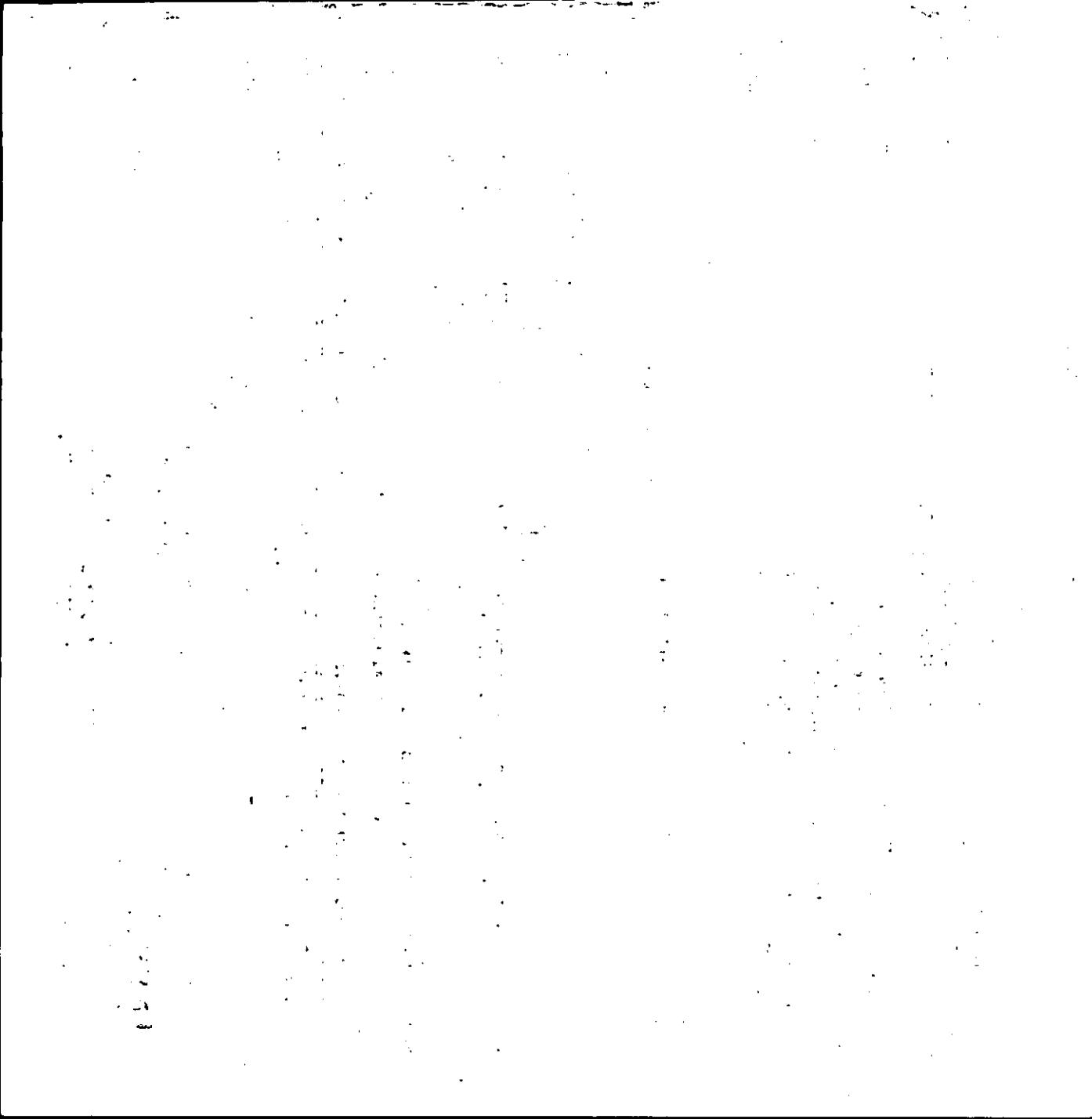
Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) R. B. Tully, M. D.(Address) Plato, Mo



U. Wright.

DEPARTMENT OF COMMERCE

E. T. McLaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS 15-581

WASHINGTON

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Johnson Marcellus Jones

Who died at _____ on Apr - 9 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 62 Months 6 Days _____

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Bright's Disease
Chronic, had been for years 131

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Henry Modeler

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Reg. Dist. No. 911 Very truly yours,

Primary Reg. Dist. No. 6227

E. T. McLaugh, M.D.
Special Agent. mt

