

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.

JUN 23 1934

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

Do not use this space.

17451

1. PLACE OF DEATH

County Miller  
Township Jan Henry  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 5-6-11  
Primary Registration District No. 5-759A

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2. FULL NAME William Berdette Jones

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</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>Mrs. Bessie May Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-27-1876</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>5</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Own farm work</u>		
10. Date deceased last worked at this occupation (month and year) <u>March 1-34</u>		11. Total time (years) spent in this occupation <u>25</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co. Mo.</u>		
13. NAME <u>Washington Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Memphis, Tenn.</u>		
15. MAIDEN NAME _____		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cole Co Mo.</u>		
17. INFORMANT (ADDRESS) <u>Henry Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dickory Hill Mo</u> DATE <u>May 26 1934</u>		
19. UNDERTAKER (ADDRESS) <u>Hugo H. Schubert</u>		
20. FILED <u>5-81</u> 19 <u>34</u> Registrar <u>_____</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24 1934

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1934, to May 24, 1934.  
I last saw him alive on May 12, 1934. Death is said to have occurred on the date stated above, at 4:00 A.M.  
The principal cause of death and related causes of importance were as follows:  
Gastric Carcinoma  
Hob.  
4/6  
3-31-34

Date of onset Reception

Other contributory causes of importance:  
Had so called stomach trouble for past six years.

Name of operation Laparotomy Date of 4-24-34  
What test confirmed diagnosis? Supraclav. Reg. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury No, 19---  
Where did injury occur? No  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. No

Manner of injury No  
Nature of injury No

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Geo. H. Shirley, M. D.  
(Address) Cogues Mo.

