JUL 17 1934

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

Do not use this space.

File No. 19973
Registered No. 9

1. PLACE OF DEATH
County DeKalb
Township Washington
City ..... (No. ..... St. ..... Ward)
Registration District No. .....
Primary Registration District No. .....

2. FULL NAME Jennie 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 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. P. Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1867

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	67	4	15	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Keeping
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Levi Quick
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER Patricia Jones
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kansas
(STATE OR COUNTRY)

14. INFORMANT Benjamin Jones
(Address) Stewartsville Mo.

15. FILED Jun 25 1934 L. E. Saunders
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 24 1934

17. I HEREBY CERTIFY, That I attended deceased from Mar 22, 1929, to June 24, 1934 that I last saw her alive on June 24, 1934, and that death occurred, on the date stated above, at 11.20 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94a
(duration) ..... yrs. ..... mos. one hr ds.

CONTRIBUTORY (SECONDARY) Cardiac enervation + Chronic indigestion
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ?
DID AN OPERATION PRECEDE DEATH? no DATE OF X
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) L. E. Saunders, M. D.
Jun 25 1934 (Address) L. E. Saunders

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Mt Lion Cemetery	June 27 1934

20. UNDERTAKER	ADDRESS
F. G. Lyon	Stewartsville 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.