

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.

File No. **25698**
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County New Madrid Registration District No. 521
Township 003 Primary Registration District No. 501
City Marshville (No. _____) St. _____ Ward _____

2. FULL NAME Ruth 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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. N. Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23-1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 6 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Johygon Co. Missouri

FATHER 13. NAME Charles Vaslo

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Lu Maye Aude

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT Minnie Hobbs
(ADDRESS) Marshville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE July 20 1934

19. UNDERTAKER Thy Welch
(ADDRESS) Marshville, Mo

20. FILED 8/1/34 1934 W. H. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19 1934
22. I HEREBY CERTIFY, that I attended deceased from July 10 1934 to July 10 (19) 1934
I last saw her alive on July 10 1934 Death is said to have occurred on the date stated above, at 2:21 p.m.

The principal cause of death and related causes of importance were as follows:
acute carditis
Date of onset _____
95B
P. B. L. 2

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) J. P. Miller _____, M. D.
(Address) Marshville Mo

