WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 21 1934

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

Do not use this space.

1. PLACE OF DEATH
County NEW MADRID — Registration District No. 604 — File No. 33519
Township — Primary Registration District No. 435-8 — Registered No.
City NEW MADRID (No. , St. Ward)

2. FULL NAME MARY E JONES
(a) Residence, No. RURAL ROUTE #1 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 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): DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: L. D. JONES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4, 1866

7. AGE: YEARS 68 — MONTHS 2 — DAYS 5 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: HOUSEWIFE
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): WAYNE COUNTY, ILL.

FATHER
13. NAME: JOHN MASTERSON
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

MOTHER
15. MAIDEN NAME: UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): UNKNOWN

17. INFORMANT (ADDRESS): J. W. RICE RURAL ROUTE 1 NEW MADRID.

18. BURIAL, CREMATION, OR REMOVAL
PLACE DAWSON CEMETERY DATE SEPT 10 1934

19. UNDERTAKER (ADDRESS): Richards Undco., New Madrid, Mo

20. FILED 9/11 1934 W O Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-9-, 1934

22. I HEREBY CERTIFY, That I attended deceased from 9-7, 1934, to 9-9, 1934
I last saw her alive on 9-8, 1934. Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance: arteriosclerosis

Name of operation: Physical Signs Date of
What test confirmed diagnosis? Was there an autopsy? No

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) W L Dees, M. D.
(Address) New Madrid Mo