JAN 17 1935

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

Do not use this space.

39268

1. PLACE OF DEATH

County Iron — Registration District No. 1634 — File No. 1

Township Liberty — Primary Registration District No. 5547 — Registered No. 90

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Maggie Dutton ~~Jones~~ Jones

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Marion Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 20 1869

7. AGE: YEARS 65 — MONTHS 1 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

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. Housekeeper

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) .....

FATHER

13. NAME Henry Frezell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co.

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Charles Dutton 4424 Easton Ave St Louis Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Minnesota Mo. DATE Nov 28 1934

19. UNDERTAKER (ADDRESS) Sparks & Sparks Potosi Mo

20. FILED Dec 19 1934 Mary Hearton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3 a.m. Nov 26, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1934 to Nov 26, 1934

I last saw her alive on Nov 23, 1934 Death is said to have occurred on the date stated above, at 3-a m.

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

Cerebral Hemorrhage (apoplexy) — Date of onset

Other contributory causes of importance:

Name of operation ..... 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) E L Barnhouse, M. D.

(Address) Ironton 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.