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.

DEC 17 1934

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

Do not use this space.

51 1. PLACE OF DEATH
County Johnson
Township Centerview
City ..... (No. ..... St. ..... Ward)

Registration District No. 431
Primary Registration District No. 5589

File No. 39843
Registered No. .....

2. FULL NAME Mettie 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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: John Jones.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3. 1871
7. AGE: YEARS 63 MONTHS 0 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maid
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): Johnson Co. Mo Mo

FATHER
13. NAME: Jim Johnson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Sarah Carmichal.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): John Jones Centerview
18. BURIAL, CREMATION, OR REMOVAL
PLACE Scutter Cem DATE Nov. 18 1934
19. UNDERTAKER (ADDRESS): Sweeney-Phillips Warrensburg Mo
20. FILED Nov. 16, 1934 Eno Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-12-, 1934, to 11-16-, 1934
I last saw her alive on 11-12-34, 19..... Death is said to have occurred on the date stated above, at 6.15 A m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of left breast — Date of onset 8 mos.
50
50

Other contributory causes of importance:

Name of operation none Date of .....
What test confirmed diagnosis? physical Exam 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 ....., 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) R. F. McKinney, M. D.
(Address) Warrensburg, Mo