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 20 1934

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

Do not use this space.

File No. 40445
Registered No. 10

1. PLACE OF DEATH
County: Ray
Township: Sugar Grove
City: ~~Richmond~~ (No. ..... St. ..... Ward)
Registration District No. 914
Primary Registration District No. 6235

2. FULL NAME: George Edward 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 74 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Flora D. Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 19, 1860.
7. AGE: Years 74 Months 9 Days 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
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): Richmond Mo.

FATHER
13. NAME: Thomas Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee Tenn

MOTHER
15. MAIDEN NAME: Martha Stanley.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Mo.

17. INFORMANT (ADDRESS): Mrs Geo Jones Richmond, Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Nov. 20 1934
19. UNDERTAKER (ADDRESS): B. F. Mead Bragmer, Mo
20. FILED Nov 19 1934 W. E. Hart Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 18, 1934
22. I HEREBY CERTIFY That I attended deceased from June 8, 1934, to Nov 18, 1934
I last saw him alive on Nov 17th, 1934. Death is said to have occurred on the date stated above, at 5:00 a.m.
The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency — Date of onset 6/8/34
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Other contributory causes of importance: Chronic Nephritis — before 6/8/34; Gen Arteriosclerosis — 6/8/34
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) E. L. Westley, M. D.
(Address) Bragmer Mo.