

APR 8 1935

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

Do not use this space.

4548

1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. _____
Township Fulton Primary Registration District No. 3008 Registered No. 31
City Fulton (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. James T. Jones St. _____ Ward _____
(Usual place of abode) Enon, Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 24 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 16, 1864
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
70 10 22

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) Missouri13. NAME Alley Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Caroline McElles16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Records of State Hospital
(ADDRESS) Fulton Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Farris Cemetery DATE Feb. 9, 193519. UNDERTAKER Wm. Staffans
(ADDRESS) Enon, Mo.20. FILED Feb 8, 1935 R. N. Crever
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1935 to Febr 7, 1935
I first saw him alive on Febr 7, 1935 Death is said to have occurred on the date stated above, at 8:30 P. M.

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

Arteriosclerosis Date of onset DKOther contributory causes of importance: Chronic myocarditis DK

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. 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) F. S. Laph, M. D.(Address) Fulton, Mo.

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.

