

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

Do not use this space.

6225

MAR 27 1935

1. PLACE OF DEATH

County Newton
Township Nesho
City (No. _____) (No. _____) St. _____ Ward _____

Registration District No. 609
Primary Registration District No. 15808

File No. 152
Registered No. _____

2. FULL NAME

John Stanley Jones

(a) Residence No. R.F. D # St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. mos. 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Sella Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>60</u>	<u>10</u>	<u>27</u>	

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) Mt. Vernon Missouri

FATHER 13. NAME Jesse Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) J. E. Jones No R # 1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Luke Cemetery DATE 2-16-35

19. UNDERTAKER (ADDRESS) Carly Thompson Nesho Mo.

20. FILED 2-13-35 Dr. E. M. Roschery Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 11, 1935, to Feb 13, 1935

I last saw him alive on Feb 13, 1935. Death is said

to have occurred on the date stated above, at 7:25 P.

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

Acute Pericarditis
Arteriosclerosis
Other contributory causes of importance:
Arteriosclerosis

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 _____, 1935

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) M. S. McLaughlin, M.D.
(Address) Savings Bank Bldg Nesho, Mo.

WRITE FAIRLY, 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.

