

APR 15 1935

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

Do not use this space.

8347

1. PLACE OF DEATH

County Cape Girardeau
Township Cape
City Cape Girardeau

Registration District No. 125

Primary Registration District No. 3009

File No.

Registered No. 87

St. Ward

2. FULL NAME

Aza Myrtle Jones

(a) Residence, No. Millerspleer Mo St. Ward. Southeast Mo Hospital

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 <u>F</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jimm F. Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 8-1879</u>				
7. AGE	YEARS <u>55</u>	MONTHS <u>4</u>	DAYS <u>21</u>	If LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Millerspleer Mo

FATHER 13. NAME
Jesse R. Talley

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Tenn.

MOTHER 15. MAIDEN NAME
Harnett E. Miller

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Millerspleer Mo

17. INFORMANT (ADDRESS)
Jimm F. Jones Millerspleer Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE
Snider County DATE 3-31-35

19. UNDERTAKER (ADDRESS)
Cracraft & Miller Jackson Mo

20. FILED 3-29-35 J.M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29-1935

22. I HEREBY CERTIFY, That I attended deceased from 2-1-1935 to 3-28-1935

I last saw him alive on 3-28-1935 Death is said to have occurred on the date stated above, at 3 A.M. approx.

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

Carcinoma
(Removal of gland in neck part motion - section of which showed metastatic carcinoma)

Other contributory causes of importance:
1 - Myocarditis
2 - Pyelitis
3 - Bronchitis

Name of operation bladder tissue Date of section
What test confirmed diagnosis? section 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 no, 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 no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify

(Signed) Albert M. Estes, M. D.
Jackson Mo (Address)

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.

