

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

Do not use this space.

APR 29 1934

11758

1. PLACE OF DEATH

County Webster
Township Maangua
City _____ (No. _____, St. _____ Ward _____)

Registration District No. 900
Primary Registration District No. 6807

File No. _____
Registered No. _____

2. FULL NAME

Edgar Allen 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 X yrs. 5 mos. X ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>December 22, 1878</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>3</u>
	DAYS <u>4</u>	If LESS than 1 day, hrs. or min. <u>X</u>

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Trucker</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>X</u>
	10. Date deceased last worked at this occupation (month and year) <u>March 12, 1935</u>

11. Total time (years) spent in this occupation 8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME D.M. Jones

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

15. MAIDEN NAME Clara Hicks

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

17. INFORMANT Jone Jones

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Pisgah DATE March 27, 1935

19. UNDERTAKER (ADDRESS) Rex Carney, Marshfield

20. FILED April 9, 1935 W. A. Williams
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from Mar 18 to Mar 26, 1935

I last saw him alive on Mar 26, 1935 Death is said

to have occurred on the date stated above, at 5 P. m.

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

Lobar Pneumonia
Influenza

Other contributory causes of importance:

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 _____, 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? _____

If so, specify _____ (Signed) _____, M. D.

(Address) Marshfield 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.

