

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.

1 JUN 26 1935

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

Do not use this space.

13811

1. PLACE OF DEATH

County Sumner
Township W. C.
City Smith, Mo. (No.)

Registration District No. 653
Primary Registration District No. 5865

File No. 183
Registered No. 183
St. Ward

2. FULL NAME

Mrs. Nannie J. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF E. H. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>64</u>	<u>7</u>	<u>17</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Union City, Tenn.

FATHER 13. NAME Issac Rice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deater Co. Tenn.

MOTHER 15. MAIDEN NAME Jane Lardell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Deater Co. Tenn.

17. INFORMANT (ADDRESS) E. H. Jones Smith, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Butteville, Mo. DATE 4-17 1935

19. UNDERTAKER (ADDRESS) Rayford Co. Smith, Mo.

20. FILED June 9, 1935 W. K. Rhodes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from April 4, 1935, to April 16, 1935
I last saw her alive on April 16, 1935. Death is said to have occurred on the date stated above, at 2 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic arthritis of hip joints. Date of onset

Other contributory causes of importance: Aneurysm. Scurvy.

Name of operation Date of
What test confirmed diagnosis? S.T.S. 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 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) W. K. Rhodes, M. D.
(Address) Smith, Mo.

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