

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.

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

Do not use this space.

JUN 5 1935

15427

1. PLACE OF DEATH

County North
Township Allen
City (No. _____)

Registration District No. 905
Primary Registration District No. 6216

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Mary Ida 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 <u>♀</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John H Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 19, 1865</u>				
7. AGE	YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	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	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tennessee</u>			
	13. NAME <u>John A. Downey</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Green County Tenn.</u>			
	15. MAIDEN NAME <u>Rebecca Humphreys</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington County Tenn.</u>			
17. INFORMANT <u>Leiza Miller</u> (ADDRESS) <u>Denver, Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Hope</u> DATE <u>5-1</u> 19 <u>35</u>				
19. UNDERTAKER <u>Braker Bros.</u> (ADDRESS) <u>Denver, Mo.</u>				
20. FILED <u>June 10, 1935</u> <u>Byron Burr</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. (I) HEREBY CERTIFY, That I attended deceased from Jenny 1934 to April 29 1935
I last saw her alive on April 28 1935 Death is said to have occurred on the date stated above, at 5-8 p.m.
The principal cause of death and related causes of importance were as follows:
Neutral Insufficiency Date of onset 1933
Jan

Other contributory causes of importance:
Chronic Brights
Stroke

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 _____, 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) Dennis H. Long, M. D.
(Address) Denver, Mo.

