

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

Do not use this space.

**JUL 24 1935**

**20247**

**1. PLACE OF DEATH**

County Lawrence Co. Registration District No. 468  
Township North Moore Primary Registration District No. 4281  
City Marionville (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Benjamin Franklin Jones  
(a) Residence, No. Marionville Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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>Male</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>Ms. Ella Hawkins Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 11 / 1862</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		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)		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24<sup>th</sup> 1935  
22. I HEREBY CERTIFY, That I attended deceased from June 14<sup>th</sup> 1935, to June 24<sup>th</sup> 1935. I last saw him alive on June 24<sup>th</sup> 1935. Death is said to have occurred on the date stated above, at 10:00 a.m.

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

Arteriosclerosis

Date of onset  
1933

Other contributory causes of importance:  
Irrigational thrombosis 1934

*GM*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Sept. 1934 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) F. W. Lester \_\_\_\_\_, M. D.  
(Address) Marionville Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Lawrence Co. Mo.</u>	
	FATHER	MOTHER
13. NAME	<u>Saul C. Jones</u>	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Alabama</u>	
15. MAIDEN NAME	<u>Rebecca James</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Alabama</u>	
17. INFORMANT (ADDRESS)	<u>Mrs. B. F. Jones Marionville Mo.</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>McOline Cem.</u> DATE <u>June 26, 1935</u>	
19. UNDERTAKER (ADDRESS)	<u>Wm. C. Campbell Marionville Mo.</u>	
20. FILED	<u>Jul. 10 1935</u> <u>Laura O. Campbell</u> Registrar.	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

