

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.

JUL 29 1935

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

Do not use this space.

21919

1. PLACE OF DEATH

County Vernon Registration District No. 87B
 Township Monteville Primary Registration District No. 6157
 City (No. St. Ward)

2. FULL NAME

Henry N. Jones
 (a) Residence, No. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 69 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>Genora Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 9 - 1850</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
<u>85</u>	<u>0</u>	<u>12</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Farmer</u>			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation <u>all</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>				
FATHER	13. NAME <u>Shodate Jones</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
MOTHER	15. MAIDEN NAME <u>Angeline Lutes</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>			
17. INFORMANT (ADDRESS) <u>Tom Jones Monteville Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brushier</u> DATE <u>June 22 1935</u>				
19. UNDERTAKER (ADDRESS) <u>Geo. Bennett Son</u>				
20. FILED <u>June 22 1935</u> <u>W. H. Stover</u> Registrar				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 1 1933 to June 21 1935. I last saw him alive on June 19 1935. Death is said to have occurred on the date stated above, at 9 P. m.

The principal cause of death and related causes of importance were as follows:
Chronic Brights disease Date of onset

Other contributory causes of importance:
None

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, 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) H. S. Sumrell, M. D.
 (Address) Brushier Mo.

