

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.

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

Do not use this space.

21970-3

1. PLACE OF DEATH FEB 23 1936
Wayne
County Registration District No. 1169
Township Union Primary Registration District No. 6195B
City Brunot, (No., St. Ward)

File No. 19
Registered No. 19

2. FULL NAME S.F. Jones,
(a) Residence, No. 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. da. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret L. Jones,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 7 1853
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
80 9 12
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Tennessee
13. NAME S. Jones,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
15. MAIDEN NAME Amandia King,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
17. INFORMANT (ADDRESS) R. G. Jones, Brunot,
18. BURIAL, CREMATION, OR REMOVAL PLACE Brewington DATE 6/21/ 1934
19. UNDERTAKER (ADDRESS) Yates Undertaking Co. Piedmont, Mo.
20. FILED 2-1 1936 C. J. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-19- 1935
22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1935, to 6-19- 1935
I last saw him alive on 6-19- 1935 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset
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 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) C. J. Russell, M. D.
(Address) Piedmont, Mo.

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