

OCT 30 1935

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

Do not use this space.

22419-1

1. PLACE OF DEATH

County Cedar

Registration District No. 165

Township

Primary Registration District No. 5231

City Stockton

(No.)

St.

Ward)

2. FULL NAME *Ernie 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (*write the word*)*Female**white**Married*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF*J. B. Jones*

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

May 4

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.*75**1**27*

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.....*Housewife*12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Manly, Ky*

13. NAME

*John Simmons*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Kentucky*

15. MAIDEN NAME

*Harris*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)*Kentucky*17. INFORMANT
(ADDRESS)*Edna Jones
Stockton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Parkway

DATE

*July 2, 1935*19. UNDERTAKER
(ADDRESS)*Davis Co
Stockton, Mo.*

20. FILED

*Sept 18, 1935
W. A. Brown
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

July 1, 1935

22. I HEREBY CERTIFY, That I attended deceased from

*July 1, 1935, to July 1, 1935*I last saw her alive on *July 1, 1935*. Death is saidto have occurred on the date stated above, at *8 P.M.*

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

*Carcinoma Liver**Germany*

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) *H. H. Syrell*, M. D.(Address) *Stockton, Mo.*

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.

