

AUG 22 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Gen  
Township St. Genevieve  
City St. Genevieve (No. .... St. .... Ward)

Registration District No. 280  
Primary Registration District No. ~~280~~ 446

File No. 24225  
Registered No. 37

2. FULL NAME

Margaret 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF William Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 16 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 8 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home  
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) Lafayette (STATE OR COUNTRY) Indiana

13. NAME Catharine Murphy

14. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

15. MAIDEN NAME Maucha Bell

16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Mr. Edward Hausty (ADDRESS) St. Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL Funeral Home PLACE Funeral Home DATE July 3 1935

19. UNDERTAKER Geo. Basher (ADDRESS) St. Genevieve Mo

20. FILED July 1 1935 T.W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st 1935

22. I HEREBY CERTIFY, That I attended deceased from May 15 1935 to July 1st 1935

I last saw him  alive on June 30 1935 Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach Date of onset 1934

Other contributory causes of importance:  
NO  
Chronic Myocarditis 1934

Name of operation clinical Date of NO  
What test confirmed diagnosis? clinical 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

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) Arthur S. Jones M. D.  
(Address) St. Genevieve 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.

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

2853

