SEP 2 0 1935

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

Do not use this space.

26148

1. PLACE OF DEATH
County GREENE
Township REPUBLIC
City REPUBLIC, MO. (No. , St. Ward)

Registration District No. 3173436
Primary Registration District No. ~~[illegible]~~

File No.
Registered No.

2. FULL NAME OLLIE VIVIAN JONES
(a) Residence, No. REPUBLIC, MO. 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: 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 Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 26, 1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
51	3	25	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
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) KENTUCKY

FATHER
13. NAME BENJAMIN FRANKLIN DUNN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME JULIA NESBIT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENNESSEE

17. INFORMANT MISS. GEORGIA MARIE JONES
(ADDRESS) REPUBLIC, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Evergreen C DATE Aug. 25 1935

19. UNDERTAKER R. E. THURMAN & CO.
(ADDRESS) REPUBLIC, MO.

20. FILED Aug. 24 19 Mrs Bertha Nance Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from August 21, 1935, to August 21, 1935.
I last saw h... alive on August 21, 1935. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: Arterio Sclerosis

Name of operation None Date of
What test confirmed diagnosis? Physical Sign Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) E. L. Beal, M. D.
(Address) Republic Mo

...ry item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ...F DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.