

SEP 20 1935

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

Do not use this space.

26193

1. PLACE OF DEATH

County Greene Registration District No. 318
Township _____ Primary Registration District No. 2001
City Springfield, Mo. (No. 1603, E. Central)

File No. _____
Registered No. 383
St. _____ Ward _____

2. FULL NAME

Rev. David B. Jones

(a) Residence, No. 1603 E. Central St., _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. ~~Single, Married, Widowed, or Divorced~~ (write the word) Widower

6. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF Anna M. Jones
~~WIFE OF~~

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19 1865

8. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 10 1

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Baptist Minister
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) Unknown
Wales

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Leonard G. Butler
(ADDRESS) 1954 Rowell Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE Aug. 22, 1935

19. UNDERTAKER F. C. Thieme
(ADDRESS) Springfield, Mo.

20. FILED 8-22-35 Riv. Tangston
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-20, 1935

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him live on 8-20, 1935. Death is said

to have occurred on the date stated above, at 4 A.
The principal cause of death and related causes of importance were as follows:

Coronary Sclerosis
J. B.
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Nitrogly Was there an autopsy? Yes

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? W
If so, specify _____
(Signed) Chas. A. Coyle - coroner, M. D.
(Address) Springfield Mo

Dr. Hubert A. ...

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.

