

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.

DEC 19 1935

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

Do not use this space.

30 229-2

1. PLACE OF DEATH

County New Madrid  
Township .....  
City Cavalon (No. ....)

Registration District No. 6-0-4  
Primary Registration District No. 6799A

File No. ....  
Registered No. 17  
St. .... Ward) .....

2. FULL NAME

Spencer 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/3/1935

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

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1857

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 10 P. m.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. about 78

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

Heart without medical attention Date of onset .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

Can't remember

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance: 2000

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Jones

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy?.....

15. MAIDEN NAME ..

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT Milton Davis  
(ADDRESS) Charter Oak, Mo.

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE Director's M. DATE 9/4/1935

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER None  
(ADDRESS) .....

Manner of injury.....

20. FILED 9/4/1935 Wozan Registrar.

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify W. J. Garrison M. D.

(Signed) W. J. Garrison M. D.

(Address) .....

