

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.

NOV 13 1935

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

Do not use this space.

31975

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 1121  
Township St Joseph Primary Registration District No. Low Registered No. 1121  
City Low (No. 228) (If nonresident, give city or town and State) Arif Ward

2. FULL NAME

Jim Jones  
(a) Residence, No. 228 Low Arif Ward. (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 Male 4. COLOR OR RACE negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12, 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
47 11 19

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

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) Buchanan Co. Mo.

13. NAME Wm Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) M. C.

15. MAIDEN NAME Winnie Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan Co. Mo.

17. INFORMANT (ADDRESS) Richard Jones  
228 Low Arif

18. BURIAL, CREMATION, OR REMOVAL PLACE King Hill DATE Nov. 4 1935

19. UNDERTAKER (ADDRESS) Raussey Treat

20. FILED 11-1 19.35 John R Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 31 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 31, 1935, to Nov 1, 1935.

I last saw him alive on Oct 31, 1935. Death is said

to have occurred on the date stated above, at 530a m.

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

Cerebral Hemorrhage Date of onset

Other contributory cause of importance Sty. pubertinosis & Arterio Sclerosis

Name of operation none Date of

What test confirmed diagnosis? Old Hist 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) Lorrist Thomas Coroner, M. D.

(Address) 731 Jaram

