

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

Do not use this space.

33157

NOV 25 1935

1. PLACE OF DEATH

County Knox Registration District No. 441
Township Center Primary Registration District No. 4259
City Edina (No.) St. Ward)

2. FULL NAME

Wm Perry 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 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Archie L Lowry
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-20-1854
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 11 27

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

13. NAME Moses Jones

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

15. MAIDEN NAME Martha Wait

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

17. INFORMANT Clyde Jones (ADDRESS) Edina Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hurdland DATE 10-22-35

19. UNDERTAKER Mrs J. W. Hudson (ADDRESS) Edina Mo.

20. FILED Oct 22 1935 Mrs C. M. Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1934 to Oct 20 1935
I last saw him alive on Oct 4 1935 Death is said to have occurred on the date stated above, at 9:00 P. m.
The principal cause of death and related causes of importance were as follows:

Diabetic Mellitus Date of onset unk.

Other contributory causes of importance: GA

Name of operation..... Date of.....
What test confirmed diagnosis Phys + Lab Exams 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....., 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) W. L. Randolph
(Address) Edina, 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

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