

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

Do not use this space.

JAN 3 1935

40427

**1. PLACE OF DEATH**

County New Madrid  
Township New Madrid  
City (No.)

Registration District No. 604  
Primary Registration District No. 5802

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Cora Collie 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**

3. SEX Female 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Les Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 24  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.

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) Miss.

13. NAME Green Collie

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

15. MAIDEN NAME Addie Collie

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

17. INFORMANT Robert M. Jones  
(ADDRESS) New Madrid Mo #1 Box 70

18. BURIAL, CREMATION, OR REMOVAL PLACE Truancy DATE 12-6-1935

19. UNDERTAKER Hill Brothers  
(ADDRESS) Jefferson, Mo.

20. FILED 12/6/1935 W. O. Cannon  
Regist. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-5-1935

22. I HEREBY CERTIFY, That I attended deceased from 12-4-1935 to 12-5-1935  
I last saw her alive on 12-4-1935. Death is said to have occurred on the date stated above, at 12 A. m.  
The principal cause of death and related causes of importance were as follows:

Coronary failure -  
Heart - 2nd degree -  
infection. Heart -  
History of  
Rheumat. - Chest pain -  
Feb. - 6 weeks ago -

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....  
If so, specify .....  
(Signed) W. L. Dwyer M. D.  
(Address) New Madrid 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.

