

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.

FEB 20 1936

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

Do not use this space.

2576

1. PLACE OF DEATH

County Rolla
Township Spencer
City New London (No.)

Registration District No. 726
Primary Registration District No. 4432

File No.
Registered No.
St. Ward)

2. FULL NAME

Richard Alexander Jones
(a) Residence, No. New London 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Ethel Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 16, 1877
7. AGE YEARS 58 MONTHS 1 DAYS 1 IF LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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) New London Missouri
13. NAME Jack Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No data
15. MAIDEN NAME Ra Rue Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New London Missouri
17. INFORMANT Mrs. Mary B. Jones (ADDRESS) New London, Missouri
18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley DATE Jan 19, 1936
19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 Bldg. Hannibal, Mo
20. FILED Jan 30, 1936 Blanche 1936 Registrar.

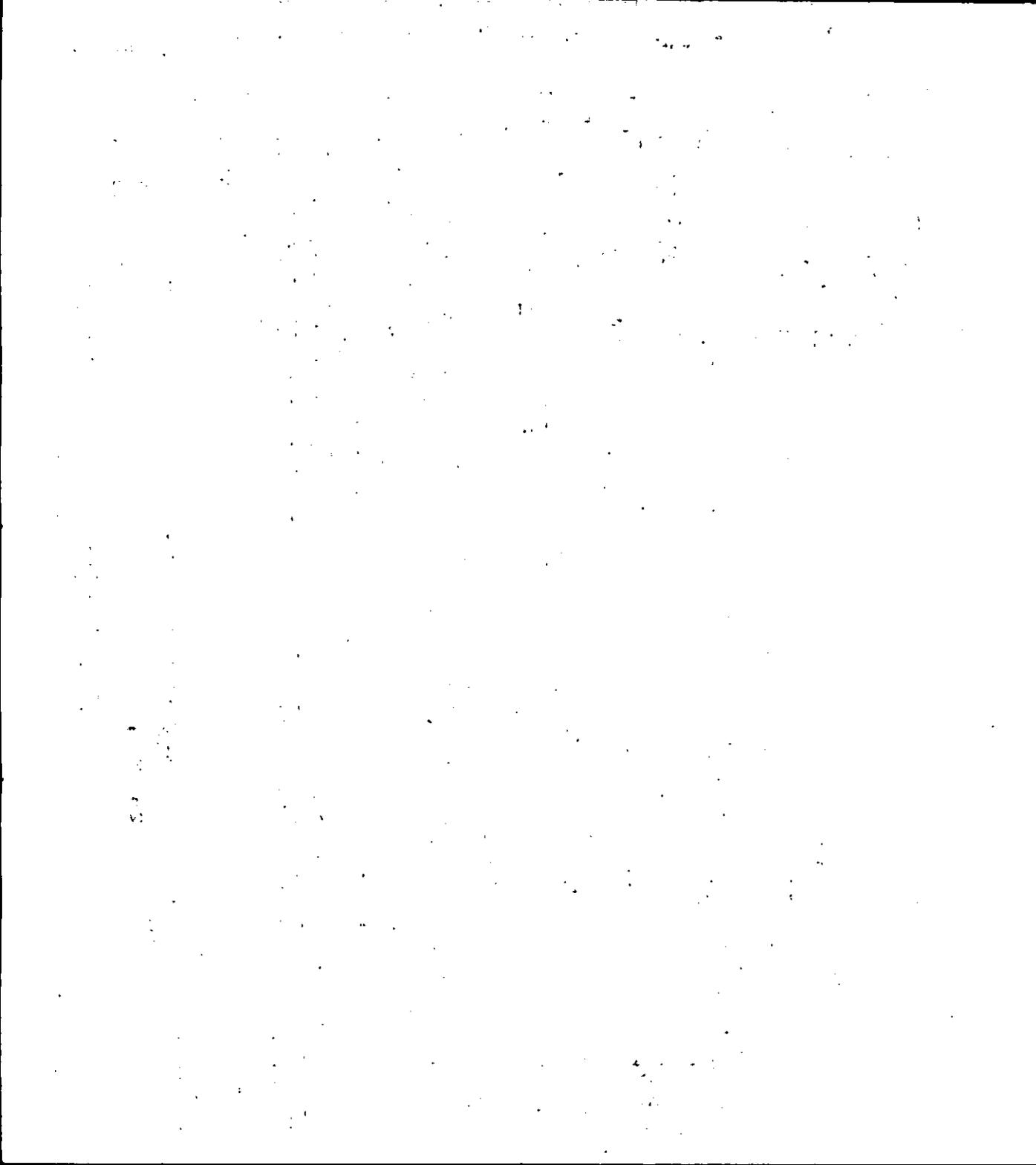
MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 17, 1936
22. I HEREBY CERTIFY, that I attended deceased from July 1935 to Jan 17, 1936
I last saw him alive on Jan 17, 1936 Death is said to have occurred on the date stated above, at 6:20 am.
The principal cause of death and related causes of importance were as follows:

(macons)
Carcinoma of Appendix to Caecum
Other contributory causes of importance: Ironition Malnutrition
Name of operation Ilio colostomy Date of operation July 1935
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? NO (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) J. P. Reckman, M. D.
(Address) 1107 Bldg. Hannibal, Mo



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Kalls
Township _____
City New London (No. _____)

Registration District No. 726
Primary Registration District No. 4432

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

2. FULL NAME

Richard Alexander 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ or _____ min.

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

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. UNDERTAKER (ADDRESS) _____

20. FILED Dec 19 1935 Blanche McGowan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

(Mucous)
Carcinoma of appendix
+ Calcium
Primary in appendix

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

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) J. Reichman M. D.
(Address) 120 Bdu Hannibal 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.

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