MAR 18 1936

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

Do not use this space.

5219

1. PLACE OF DEATH
County Dade
Township Rock Prairie
City Everton Mo
Registration District No. 236
Primary Registration District No. 4143
File No. 38
Registered No. 38
(No. ..... St. ..... Ward)

2. FULL NAME Mary Myrtle Dunn "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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Georg Dunn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-15-1882
7. AGE YEARS 53 MONTHS 6 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. M
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) Everton Dade Co Mo

FATHER
13. NAME James Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Lucy Cable
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Organ B. Jones Everton Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Grove Cr DATE 2/25 1936
19. UNDERTAKER (ADDRESS) Whiteley U. Co Everton Mo
20. FILED Feb 25 1936 O. Staires M D Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24 1936
22. I HEREBY CERTIFY, That I attended deceased from Feby 11 1936 to Feby 24 1936
I last saw her alive on Feby 23 1936 Death is said to have occurred on the date stated above, at 10:15 p.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Date of onset
82a1
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) W. R. Riley M. D.
(Address) Everton 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