WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

APR 21 1936

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

Do not use this space.

11517

1. PLACE OF DEATH
County: Macon
Township:
City: Macon (No. ..... St. ..... Ward)

Registration District No. 533
Primary Registration District No. 3027

File No.
Registered No. 34

2. FULL NAME: Evan Jones
(a) Residence, No. Bevier, Mo. 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~~: Emma Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 1-1868

7. AGE: Years 67 | Months 4 | Days 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Retired Mail Carrier
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): Bevier, Missouri

FATHER
13. NAME: William Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER
15. MAIDEN NAME: Jane Reese
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

17. INFORMANT (ADDRESS): Mrs. Emma Jones, Bevier, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: East Oakwood DATE: 3-3 1936

19. UNDERTAKER (ADDRESS): M. S. Edwards, Bevier, Mo.

20. FILED: 3/4 1936 Leota Newtone, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from 12/29, 1935, to March 1, 1936
I last saw him alive on March 1, 1936. Death is said to have occurred on the date stated above, at 9:15 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chole-cystolithiasis	11-1-35
Chole-docholithiasis with obstructive jaundice	
and chronic hepatitis	

Other contributory causes of importance: 12 6

Name of operation: Chole-cystectomy Date: 12/29/36
What test confirmed diagnosis? Clinical 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) J. O. Finnaday, M. D.
(Address) Macon Mo.

JUL 17 1941