

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Miller Registration District No. 562
Township Ridgewood Primary Registration District No. 5757
City Dixon, Mo. R4 (No. _____) St. _____ Ward _____File No. 16054

Registered No. _____

2. FULL NAME

James Henry 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marsha Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 18 - 1860</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>3</u>
	DAYS <u>6</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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... <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miller Co., Mo</u>		
FATHER	13. NAME <u>James W. Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennesse</u>	
MOTHER	15. MAIDEN NAME <u>Francis Balin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wahne</u>	
17. INFORMANT <u>Mrs. Arch Keltner</u> (ADDRESS) <u>Dixon, Mo. R4</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>buried Hancock Mo</u> DATE <u>4/26 36</u>		
19. UNDERTAKER <u>C. L. Casey</u> (ADDRESS) <u>Idria</u>		
20. FILED <u>June 10, 1936</u> <u>Mrs. W. A. Dow</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24 - 193622. I HEREBY CERTIFY, That I attended deceased from 4-22, 1936 to 4-24, 1936I last saw him alive on 4-24, 1936 Death is said to have occurred on the date stated above, at 6 p. m.

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

influenza
Cerebral Hemorrhage

Date of onset

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) H. W. Duncan, M. D.(Address) Idria Mo

2-12-11
2-12-11
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American