

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

Do not use this space.

16221

APR 22 1936

**1. PLACE OF DEATH**

County Madison Registration District No. 626  
 Township Independence Primary Registration District No. 5828  
 City Parnell (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Julia L. Jones  
 (a) Residence, No. Parnell 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 5 1/2 yrs. 1 mos. 20 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>white</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Horace Jones</u>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 21 - 1865</u>					
7. AGE		YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>80</u>		<u>10</u>	<u>16</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife and Farmer &amp; Stock Dealer</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) <u>April 7 - 1936</u>				
11. Total time (years) spent in this occupation <u>5 1/2 yrs.</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Akron, Ohio</u>					
FATHER	13. NAME <u>Austin Allyn</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Akron, Ohio</u>				
MOTHER	15. MAIDEN NAME <u>Heulah Voris</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Akron, Ohio</u>				
17. INFORMANT (ADDRESS) <u>Bea M. Breit Parnell Mo.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rose Hill Cemetery</u> DATE <u>April 7 1936</u>					
19. UNDERTAKER (ADDRESS) <u>A. J. Roof &amp; Co. Parnell Mo.</u>					
20. FILED <u>April 6 1936</u> <u>Malvau Kennedy</u> Registrar					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 5 1936

22. I HEREBY CERTIFY, That I attended deceased from April 5 1936, to April 5 1936  
 I last saw him alive on April 5 1936 Death is said to have occurred on the date stated above, at 10 00 m.  
 The principal cause of death and related causes of importance were as follows:  
Hemorrhage of the Brain with paralytic  
 Other contributory causes of importance: High Blood pressure  
 Date of onset April 1 1936

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) Ebert Crowson M. D.  
 (Address) Parnell 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.

