

SEP 1 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27657

1. PLACE OF DEATH

County Ralls Co
Township Spencer
City New London (No. _____)

Registration District No. 426
Primary Registration District No. 4432

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

2. FULL NAME

(a) Residence, No. Maynard R Jones St. _____ Ward _____
(Usual place of abode) New London

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

5A. ~~MARRIED~~ WIDOWED OR DIVORCED
HUSBAND OF (OR) WIFE OF Orlena Belle Angell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 1 9

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. Painter

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) Pierce City Mo

13. NAME Richard Jones

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

15. MAIDEN NAME Margert Stillwell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

17. INFORMANT J. R. Jones (ADDRESS) New London

18. BURIAL, CREMATION, OR REMOVAL PLACE Barkley Cemetery DATE 7-14-36

19. UNDERTAKER Wm M Smith (ADDRESS) 902 Broadway

20. FILED July 14 1936 Blauche McGowan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1936

22. I HEREBY CERTIFY, That I attended deceased from D. C. Attention, 19...
I last saw h. 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:

died in edge of water in South River from heart protrusion Date of onset

Other contributory causes of importance: 191

Name of operation _____ Date of _____
What test confirmed diagnosis? Path. M. 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? N.O.

If so, specify _____
(Signed) AM Monroe (Coroner) M. D.
(Address) Centerville 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.

DEC 5 1957