

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.

George Jones

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

Do not use this space.

296 31 1936

29654

1. PLACE OF DEATH

County Monroe
Township Washington
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 875
Primary Registration District No. 6162

File No. _____
Registered No. 220

2. FULL NAME

(a) Residence, No. Washingt. Jones St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 26 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 E. J. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9, 1893

7. AGE YEARS 42 MONTHS 11 DAYS 16 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. com. laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. domestic
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) Ill.

MOTHER 13. NAME Ehse Jones

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

15. MAIDEN NAME Dwight Haydon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT W. Jones Dumright, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hope Cem. DATE 7-27-36

19. UNDERTAKER Cochinger & Son

(ADDRESS) _____

20. FILED 7/27 1936 W. Cochinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1924, to July 25, 1936

I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 8 p.m.

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

Arteriosclerosis Date of onset ?

Other contributory causes of importance: Heat exhaustion

Name of operation none Date of _____
What test confirmed diagnosis? anec. Was there an autopsy? yes

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) T. T. O'Neil M. D.
(Address) Terada, Mo.

