by Myers

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.

SEP 24 1936

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

Do not use this space.

31340

1. PLACE OF DEATH
County: Jasper — Registration District No.: 411
Township: — Primary Registration District No.: 2002
City: Joplin (No. Oakland St. Ward)
File No.:
Registered No.:

2. FULL NAME: Sherman C. Jones.
(a) Residence, No. Oakland 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. 40 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): Widowed.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna N. Jones.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4 1859
7. AGE: Years 76 Months 11 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Contractor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: City Contractor
10. Date deceased last worked at this occupation (month and year): 1930
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Geneva, Ill.

FATHER
13. NAME: Silas S. Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ill.

17. INFORMANT (ADDRESS): Mrs. Julia Crouch. Oakland - Joplin, Mo.
18. BURIAL, CREMATION, OR REMOVAL: PLACE Mt. Hope Cem. DATE 8/5 1936
19. UNDERTAKER (ADDRESS): Mark - Lieurance Joplin Mo.
20. FILED 8-4 1936 Ed D. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug - 3 1936
22. I HEREBY CERTIFY, That I attended deceased from June 29, 1936 to 8 - 3, 1936
I last saw him alive on 8 - 3, 1936. Death is said to have occurred on the date stated above, at 1 50 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	Aug 32
Other contributory causes of importance: Chronic Valvular Heart, Many years	

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) Guy E. Kepner M. D.
(Address) 708 Illinois Bldg Joplin Mo