

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.

00. 21 1936

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

Do not use this space.

1. PLACE OF DEATH

County Franklin Registration District No. 294  
 Township Prairie Primary Registration District No. 5418  
 City Lonedell Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 34080  
 Registered No. \_\_\_\_\_

2. FULL NAME J. T. J. Jones

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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 <u>M</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>Mary Jane Mc Kinsey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 28, 1852</u>		
7. AGE	YEARS	MONTHS
	<u>84</u>	<u>3</u>
		DAYS
		<u>15</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-12-1936  
 22. I HEREBY CERTIFY, That I attended deceased from 9-11-1936 to 9-12-1936  
 I last saw him alive on 9-11-1936 Death is said to have occurred on the date stated above, at 11 P. m.  
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis  
131  
 Other contributory causes of importance:  
Chronic Nephritis

Date of onset	<u>?</u>
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Name of operation Clin Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) W. J. Duckworth, M. D.  
 (Address) Dr. Crain Mo

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Franklin Co.</u>
	13. NAME <u>Dr. B. B. Jones</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Co. Mo.</u>
	15. MAIDEN NAME <u>Mary Jane Mc Kinsey</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Washington Co. Mo.</u>
	17. INFORMANT <u>Mrs. S. Sullivan</u> (ADDRESS) <u>Lonedell Mo.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prospect</u> DATE <u>Sept. 13 1936</u>
	19. UNDERTAKER <u>Wm. Casey &amp; Co</u> (ADDRESS) <u>St. Clair Mo.</u>
	20. FILED <u>Sept. 15, 1936</u> <u>W. J. Duckworth</u> Registrar

