

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

Do not use this space.

DEC 3 1936

34987

**1. PLACE OF DEATH**

County Marion Registration District No. 547  
Township Marion Primary Registration District No. 3129  
City Hannibal (No. Leveying Hospital) St. 6 Ward

File No. 34987  
Registered No. 275

**2. FULL NAME**

(a) Residence, No. 1317 Hammond St., 5 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

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.

**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 Late Thetion Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 4 30

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. Retired  
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) Calloway Co. Mo.

13. NAME Milton Jones

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

15. MAIDEN NAME Nancy Wilkerson

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

17. INFORMANT (ADDRESS) M. P. Jones  
St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE High Point Church 9-27-36  
Montgomery Co.

19. UNDERTAKER (ADDRESS) James O. Daniel  
Hannibal, Mo.

20. FILED Oct 31 1936 H. C. Fisher  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 - 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-30, 1936, to 9-25, 1936

I last saw h. alive on 9-25, 1936 Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Carcinoma of stomach Date of onset May 1936

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray Was there an autopsy? No

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) Spurgeon S. Bodwell M. D.  
(Address) Hannibal, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

