

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.

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

Do not use this space.

NOV 20 1936

36768

1. PLACE OF DEATH

County BUCHANAN Registration District No. 85
Township WASHINGTON Primary Registration District No. 1001
City ST. JOSEPH, (No. 2801 SOUTH 24TH St. _____ Ward)

File No. _____
Registered No. 1296

2. FULL NAME LANSFORD W. JONES 2801 SOUTH 24TH,

(a) Residence, No. 2804 SOUTH 24TH ST. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 HUSBAND OF IDA JONES		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 4, 1861		
7. AGE	YEARS	MONTHS
	75.	7.
		9
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GRADING CONTRACTOR		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Self.		
10. Date deceased last worked at this occupation (month and year) 10/1/36		
11. Total time (years) spent in this occupation. 70		

12. BIRTHPLACE (CITY OR TOWN) **MASSACHUSETTS**
(STATE OR COUNTRY) **Massachusetts**

13. NAME **EDWARD JONES**

14. BIRTHPLACE (CITY OR TOWN) **MASSACHUSETTS**
(STATE OR COUNTRY) **Massachusetts**

15. MAIDEN NAME **MARY ELLEN MYERS**

16. BIRTHPLACE (CITY OR TOWN) **MASSACHUSETTS**
(STATE OR COUNTRY) **Massachusetts**

17. INFORMANT **MRS. IDA JONES, WIFE**
(ADDRESS) **ST. JOSEPH, MISSOURI.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **KINGHILL CEM.** DATE **OCT. 15TH.** 1936

19. UNDERTAKER **FLEEMAN & SON, INC.**
(ADDRESS) **1946 COLHOUN ST.**

20. FILED **Oct. 15, 1936** **H. J. Nettlebeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **10-8**, 1936, to **10-13**, 1936

I last saw him alive on **10-9**, 1936 Death is said

to have occurred on the date stated above, at **3:45 AM**

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

arterio-sclerosis Date of onset _____

Senility

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **no** Date of injury _____, 1936

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) **C. L. Ferguson**, M. D.

(Address) **801 1/2 Francis**

