

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

DECEASED JAN 28 1936
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Andrew Registration District No. 11
Township Jackson Primary Registration District No. 4005
City Fillmore (No. _____) St. _____ Ward _____

File No. 43666

Registered No. 1

2. FULL NAME Robert A. Jones

(a) Residence, No. _____ 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. 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 Betty M. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 - 1862

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
|--------|-----------|-----------|----------|--|
| | <u>74</u> | <u>10</u> | <u>7</u> | |

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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 _____

12. BIRTHPLACE (CITY OR TOWN) Ross Co
(STATE OR COUNTRY) Ohio

FATHER
13. NAME Wm Jones

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

MOTHER
15. MAIDEN NAME Ellen Taylor

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

17. INFORMANT (ADDRESS) Miss Robert Jones
Fillmore, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fillmore DATE Jan 1 1936

19. UNDERTAKER (ADDRESS) B. W. Cole
Fillmore, Mo.

20. FILED No. 91 1936 B. W. Cole
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 30, 1936

22. I HEREBY CERTIFY, That I attended deceased from 11 - 1, 1936, to 12 - 30, 1936

I last saw him alive on Dec - 29, 1936 Death is said

to have occurred on the date stated above, at 20 m.

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

Chronic Nephritis Date of onset _____

Other contributory causes of importance:

Urinary Conna

Name of operation None Date of _____

What test confirmed diagnosis? 6 P X 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 no, 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 None

Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signed) M. S. Holliday, M. D.
(Address) Fillmore, Mo

