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.

JAN 19 1937

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

Do not use this space.

45333

1. PLACE OF DEATH
County: Lafayette
Township:
City: Odessa (No. ..... St. ..... Ward)

Registration District No. 464
Primary Registration District No. 4277

File No. 18
Registered No. 69

2. FULL NAME: Hortense K. Smith 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F-e
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: W. H. H. Jones.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 4, 1890

7. AGE: YEARS 46 | MONTHS — | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Home
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): Farmington Mo.

FATHER
13. NAME: Lois Kennedy
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Maggie Franks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT (ADDRESS): W. H. H. Jones Odessa, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Farmington Cem DATE: Dec - 14, 1936

19. UNDERTAKER (ADDRESS): E. B. Hurman Odessa, Mo.

20. FILED: 12/14, 1936 Mrs. E. M. Gordwin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 3rd, 1936, to Dec 11, 1936
I last saw her alive on Dec 11, 1936. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis — Date of onset Nov 3rd

Other contributory causes of importance: Hypostatic congestion of lungs (Bronchial)

(Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. Schooley, M. D.
(Address) Odessa Mo.