

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

Do not use this space.

200

1. PLACE OF DEATH

County Buchanan Registration District No. 511
Township _____ Primary Registration District No. 41
City Rushville (No. Rushville, Mo.) St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Susan C. Jones
Rushville, Mo. St. _____ Ward _____
(a) Residence, No. _____ (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 68 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert T. Jones		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1858		
7. AGE	YEARS 77	MONTHS 9
	DAYS 29	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping	11. Total time (years) spent in this occupation 60
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home	
	10. Date deceased last worked at this occupation (month and year) January 1937	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Millwood, Kansas		
FATHER	13. NAME Moses McCarty	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky	
MOTHER	15. MAIDEN NAME Nancy Mitchell	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky	
17. INFORMANT (ADDRESS) J. E. Jones, Rushville, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Sugar Creek Cem DATE Jan'y 4, 1937		
19. UNDERTAKER (ADDRESS) Heater-Bellevue & Bowman, St. Joseph, Mo. Funeral Home		
20. FILED 1-4-37 L. F. Hingens Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2nd, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1936, to _____, 19____
I last saw him alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 11:25 p.m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia 12/27/36
Date of onset _____

Other contributory causes of importance:
MS

Name of operation _____ Date of _____
What test confirmed diagnosis? Usual Was there an autopsy? _____

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) J. W. McGowan, M. D.
(Address) De Kalb, Mo.

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

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.

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