

FEB 18 1937

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

Do not use space.

2251

1. PLACE OF DEATH

County Miller
Township Saline
City Eugene (No. 7)

Registration District No. 561
Primary Registration District No. 5735A

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME Annie Marie 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 Female 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 S. P. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235⁰
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) Missouri

MOTHER 13. NAME Aaron Bell

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER 15. MAIDEN NAME Lydia McDonald

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT S. P. Jones
(ADDRESS) Eugene Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring Garden DATE 2-2-1937

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) 2nd St. Eugene, Mo.

20. FILED 2-2 1937 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 31 - 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan - 19 - 1937, to Jan - 31 - 1937.
I last saw her alive on Jan - 31 - 1937. Death is said to have occurred on the date stated above, at 4:30 A.M.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia Date of onset _____

Other contributory causes of importance: 100

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____
(Signed) L. A. Nye M. D.
(Address) Eugene, Missouri

