

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.

APR 15 1937

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

Do not use this space.

1. PLACE OF DEATH  
County BUCHANAN Registration District No. 85  
Township WASHINGTON Primary Registration District No. 1001  
City ST. JOSEPH (No. 2601 SENECA ST.) File No. 11283  
Registered No. 394 Ward

2. FULL NAME JOHN JONES  
(a) Residence, No. 2601 SENECA, St.          Ward.           
(Usual place of abode)  
Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 WIFE OF ELLA JONES  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER 22, 1858

7. AGE YEARS 78 MONTHS 3 DAYS 6 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. GROGER  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. OWNER OF STORE  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation 13

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) WALES

13. NAME ROBERT JONES

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, WALES

15. MAIDEN NAME MARTHA JONES,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN, WALES

17. INFORMANT (ADDRESS) ELLA JONES  
2601 SENECA ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK, DATE MARCH 30, 1937.

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

20. FILED 3/30 1937 W. J. Meitner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 28, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from DEATH 5 or 6 years to Mar 28, 1937  
I last saw him alive on Mar 27, 1937 Death is said to have occurred on the date stated above, at 11:22 A.M.  
The principal cause of death and related causes of importance were as follows:

Pericardial Anemia Date of onset years

Other contributory causes of importance: NO

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical 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) W. J. Meitner, M. D.  
(Address) St. Joseph Mo

