

APR 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County Islede 59
Township A
City Stonor (No. _____) St. _____ Ward _____

Registration District No. 449
Primary Registration District No. 4267

File No. 12381
Registered No. _____

2. FULL NAME

(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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C Jones</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5th 1890</u> | | | | |
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, _____ hrs. or _____ min. |
| | <u>46</u> | <u>11</u> | <u>25</u> | |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u> | 11. Total time (years) spent in this occupation |
| | 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) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.13. NAME Joe Little14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Linda Randolph16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT (ADDRESS) J. C. Jones, Stonor Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Recreation DATE Mar 31 3719. UNDERTAKER (ADDRESS) Palmers, Stonor20. FILED 3-30-37 J. A. McComb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 30th 193722. I HEREBY CERTIFY, That I attended deceased from March 1, 1937, to March 29, 1937I last saw him alive on March 29, 1937 Death is saidto have occurred on the date stated above, at 4:15 a.m.

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

Fibroid tumors of uterus Date of onset 1935
Hysterectomy Mar 27 37

Other contributory causes of importance CHD
Anemia secondary to uterine hemorrhage

Name of operation Hysterectomy Date of Mar 27
What test confirmed diagnosis Physical Exam 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 none

Nature of injury _____

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

If so, specify _____

(Signed) Richardson, M. D.(Address) Stonor Mo.

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.

