JUL 28 1937

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

Do not use this space.

39

1 6

1. PLACE OF DEATH
County Greene 2
Township ~~Boone~~ 1
City Ash Grove, (No. ..... , ... St. ..... Ward)

Registration District No. 316
Primary Registration District No. 4191

File No. 23688
Registered No. .....

2. FULL NAME Margaret Emma 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 Joshua J. Jones,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/16/1865.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
26	72	3	21	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife of
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. retired farmer
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) Indiana,

FATHER
13. NAME Andrew Miller,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesee,

MOTHER
15. MAIDEN NAME Elizabeth Ritchie,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chattanooga, Tenn.

17. INFORMANT (ADDRESS) J. J. Jones, Ash Grove, Mo.

18. ~~BURIAL, CREMATION~~, OR REMOVAL PLACE To--Wichita, Kans. DATE 6/10/37. 19

19. UNDERTAKER (ADDRESS) A. Galbraith, Ash Grove, Mo.

20. FILED July 7, 1937 Mrs Leonard Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/7/37, 19

22. I HEREBY CERTIFY, That I attended deceased from last 3 & 4 months, to ....., 19....
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 9:15 m. P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach. 46

Date of onset

Other contributory causes of importance: chronic Gastritis

Name of operation none 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) Charles H McHaffie, M. D.
(Address) Ash Grove 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.