

SEP 20 1937

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

Do not use this space.

31061

68

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

1. PLACE OF DEATH  
514 County Lafayette Registration District No. 461  
Township \_\_\_\_\_ Primary Registration District No. 3024  
City Lexmo (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
4 2. FULL NAME Emma Mae Jones  
(a) Residence, No. Bluff 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1913  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
22 3 19  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work  
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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington  
Missouri  
13. NAME Albert Jones  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Martha Wayne  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington  
Missouri  
17. INFORMANT (ADDRESS) Alfred Jackson  
3035 South White St  
18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Grove DATE Aug 19 1937  
19. UNDERTAKER (ADDRESS) Advent Graves  
116 20 9th St Lex Mo  
20. FILED Aug 19 1937 J. C. B. Bels Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16 1937  
I HEREBY CERTIFY that attended deceased from July 20 1937 to Aug 16 1937  
I last saw her alive on July 20 1937 Death is said to have occurred on the date stated above, at 10 P. M.  
The principal cause of death and related causes of importance were as follows:  
About 2 years duration Pulmonary Tuberculosis  
Date of onset \_\_\_\_\_  
Other contributory causes of importance: 22  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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. D. Cape M. D.  
(Address) Lexington 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.

