

OCT 22 1937

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

Do not use this space.

34859

1. PLACE OF DEATH  
 County new modud Registration District No. 604 File No. ....  
 Township ..... Primary Registration District No. 5802 Registered No. ....  
 City Lafayette (No. ....) St. .... Ward) .....

2. FULL NAME Laella 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 col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1883  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. about 54  
 OCCUPATION 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. ....  
 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) Miss.  
 MOTHER FATHER 13. NAME Levi Campbell  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.  
 15. MAIDEN NAME Jennie Heat  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.  
 17. INFORMANT Helie Edwards  
 (ADDRESS) Lafayette, Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Raymer new DATE Sept 25 1937  
 19. UNDERTAKER Richards and Co.  
 (ADDRESS) new modud  
 20. FILED 10/9 1937 Wm O'Bannon  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1937  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 13 1937 to Sept 13 1937  
 I last saw her alive on Sept 13 1937. Death is said to have occurred on the date stated above, at 8 A. m.  
 The principal cause of death and related causes of importance were as follows:  
Dysphoid Fever Date of onset 8/29/37  
 Other contributory causes of importance: 1  
 Name of operation no Date of .....  
 What test confirmed diagnosis? lab 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?.....  
 If so, specify no  
 (Signed) James O. McClure, M. D.  
 (Address) Lickston, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

