NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH
County Shelby — Registration District No. 830 — File No. 38959
Township Salt River — Primary Registration District No. 4503 — Registered No. 41
City Shelbina (No. ..... , ... St. ..... Ward)

2. FULL NAME Minnie S. Jones
(a) Residence, No. Shelbina Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Frank M. Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 12/6/1869
7. AGE: 34 — YEARS: 67 — MONTHS: 9 — DAYS: 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: housekeeper
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): Missouri

FATHER
13. NAME: Matthew McCue
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Amanda Culbertson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Frank M. Jones, Shelbina Mo.
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Shelbina Mo. DATE: 10/4/1937
19. UNDERTAKER (ADDRESS): Minnie & Barkeley, Shelbina Mo.
20. FILED: Oct 6 1937 Ruth Joyner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 2, 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept. 19, 1937, to Oct. 2, 1937
I last saw her alive on Oct. 2, 1937. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Entero colitis	

Other contributory causes of importance: Diabetis

Name of operation: None — Date of .....
What test confirmed diagnosis? Clinical — 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) J. A. Furnish, M. D.
(Address) Shelbina, Missouri

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