

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

Do not use this space.

40340

1. PLACE OF DEATH

County Jackson
Township East
City Keokuk (No. 4111)

Registration District No. 399
Primary Registration District No. 11002

File No. 4054
Registered No. 4054
St. _____ Ward _____

2. FULL NAME

(a) Residence No. George Edward Jones 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 M 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose B. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 11 - 1887

7. AGE YEARS 33 MONTHS 5 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman

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) Kansas

13. NAME James Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME no record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

17. INFORMANT Rose B. Jones (ADDRESS) 4111 East, av, Keokuk

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Washington Nov-22-37

19. UNDERTAKER Mrs. C. V. Fowler (ADDRESS) Keokuk

20. FILED Nov 19 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 17, 1937, to Nov 18, 1937

I last saw him alive on Nov 18, 1937. Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Angina Pectoris

Date of onset 11/18/37

94a

Other contributory causes of importance:

Focal infection
Previous attacks of angina. 9/17/37

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. M. Shrews 3 M. D.
(Address) 415 Chambers Bldg.

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.

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