

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

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH
 County St. Clair Registration District No. 769
 Township Speedwell Primary Registration District No. 6015-
 City Taffee No. _____ St. _____ Ward _____

2. FULL NAME Lucy 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.

46550

File No. _____
 Registered No. 11

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 9 - 1854

7. AGE YEARS 83 MONTHS 10 DAYS 25 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
 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) Ohio

MOTHER FATHER
 13. NAME John Mansfield
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Phil Jones
 (ADDRESS) Taffee Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Grove DATE 12-5-1937

19. UNDERTAKER Gwin - Siders
 (ADDRESS) Edwards Springs Mo

20. FILED 12-5-1937 Mrs. J. W. Richardson
 Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec - 4 - 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937, to Nov 30, 1937
 I last saw her alive on Nov 30, 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:
Apoplexy
 Date of onset _____

Other contributory causes of importance:
Second stroke in three months

Name of operation None Date of _____
 What test confirmed diagnosis? Paralysis 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? None
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. None

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) J. W. Richardson, M. D.
 (Address) Taffee Mo

