

JAN 19 1938

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

Do not use this space.

67

1. PLACE OF DEATH
 55-6-0 County Linn Registration District No. 472
 Township Windsor Primary Registration District No. 4285
 City State City (No. _____) St. _____ Ward _____

2. FULL NAME Emilia J Jones 520
 (a) Residence, No. _____ St. _____ Ward _____
 (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.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1852

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. _____ min.
<u>85</u>	<u>9</u>	<u>23</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. X

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

13. NAME William S. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Va

15. MAIDEN NAME Jernsida Beck

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Ind

17. INFORMANT W Jones
 (ADDRESS) _____

18. BURIAL CREMATION OR REMOVAL
 PLACE Beck Cemetery DATE July 10, 1938
State City

19. UNDERTAKER Thos B Orr
 (ADDRESS) 224 Vernon St

20. FILED 1-10, 1938 Thos H Powell
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8th, 1938

22. I HEREBY CERTIFY That I attended deceased from July 15, 1936 to Jan 8, 1938
 I last saw him alive on Jan 8, 1938 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:
Chronic nephritis
acute intestinal obstruction
unfavorable
none

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? _____

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) PA Halmer M. D.
 (Address) 111 Vernon St

Date of onset 7-15-36
wife
1-7-38

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.

