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.

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

Do not use this space.

1. PLACE OF DEATH
County Buchanan — Registration District No. 85 — File No. 2118
Township Washington — Primary Registration District No. 1001 — Registered No. 99
City St. Joseph (No. 2508 N. 15th St. Ward)

2. FULL NAME Mrs. Ollie Jones
(a) Residence, No. 2508 N. 15th St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 29 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): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Oscar Jones.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 3. 1868

7. AGE: Years 69 — Months 2 — Days 21 — 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): Nodaway Mo.

FATHER
13. NAME: George Calvert
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Louisville Ken.

MOTHER
15. MAIDEN NAME: Margaret Broce
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Virginia

17. INFORMANT (ADDRESS): Mrs. Zola Porter 2508 N 15. St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Mora DATE: Jan 26, 1938

19. UNDERTAKER (ADDRESS): FLEEMAN & SON, INC. 1946 Calhoun St. Joseph, Mo.

20. FILED: Jan. 25, 1938 N. J. Nestlebush Registrar. By J. C.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 24th, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9/15, 1937, to 1/24, 1938
I last saw her alive on 1/22, 1938. Death is said to have occurred on the date stated above, at 7:10 P. m.
The principal cause of death and related causes of importance were as follows:
Bronchial Asthma and Myocarditis — Date of onset —
Other contributory causes of importance: age
Name of operation: — 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? No 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. T. Stamey, M. D.
(Address) 2624 St. Joseph Ave.

RECEIVED FEB 21 1938 BUREAU OF VITAL STATISTICS STATE BOARD OF HEALTH