

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

Do not use this space.

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1. PLACE OF DEATH

County Callaway Registration District No. 104 File No. 2244
 14 Township Fulton Primary Registration District No. 5153 Registered No. 21
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Etzel Muriel Jones 520
 (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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rolland K. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 25, 1906

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
31 | 11 | 24

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

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) 12-12 11. Total time (years) spent in this occupation 5.5

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fulton Missouri

13. NAME Chas. Busfahl

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Pearl Mahoney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Nora Shely (ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Carmel Cmt. DATE Jan 21, 1938

19. UNDERTAKER Geo. J. Waldsee (ADDRESS) Fulton, Mo.

20. FILED Jan. 21, 1938 R. N. Crews Registrar. 106

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/19, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/13, 1938, to 1/19, 1938
 Last saw her alive on 1/19, 1938 Death is said

to have occurred on the date stated above, at 7:20 p.m.
 The principal cause of death and related causes of importance were as follows:

ac. lobw pneumonia (left lower lobe)

Date of onset 1/13/38

Other contributory causes of importance: 141
Pregnancy - (miscarriage)
miscarried 1/7/38

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? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, home, or in public place.

Manner of injury BUREAU OF VITAL STATISTICS
 Nature of injury MO. STATE BOARD OF HEALTH

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) Henry Dunt, M. D.
 (Address) Fulton, Mo.

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.

