

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

*Dr. Fred White*  
Do not use this space.

**1. PLACE OF DEATH**

County Greene

Registration District No. 316

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 1363 N. Missouri)

File No. 2781

Registered No. 44

**2. FULL NAME**

(a) Residence, No. 1363 N. Missouri Ward. 520

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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5<sup>th</sup> 1888

7. AGE YEARS 22 MONTHS 8 DAYS 6 If LESS than 1 day, .....hrs. or .....min.

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

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) Great Co (STATE OR COUNTRY) Mo.

13. NAME Anderson Jones

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

15. MAIDEN NAME Elizabeth Jones

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

17. INFORMANT (ADDRESS) Mr. W. H. Jones

18. BURIAL, CREMATION OR REMOVAL PLACE Eastlawn DATE 1/13

19. UNDERTAKER (ADDRESS) H. H. Schreyer Funeral Home

20. FILED Jan 12, 1928 Chas. A. George Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/11 1928

22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1927, to 1-11, 1928

I last saw him alive on 1-10, 1928. Death is said to have occurred on the date stated above, at 5:20 a.m.

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

Bronchial Pneumonia Date of onset 1/7/28

Other contributory causes of importance:

Hypertensive Cardio-Vascular Disease

Senility

Encephalomalacia

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical 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? \_\_\_\_\_ If so, specify \_\_\_\_\_ (Signed) Fred White M. D. (Address) Springfield

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.

RECEIVED

FEB 24 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH