

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

Do not use this space.

V 21

**1. PLACE OF DEATH**

County Phelps Registration District No. 680  
 Township Spruce Creek Primary Registration District No. 5909  
 City (No. ....) St. .... Ward)

File No. 3764

Registered No. ....

**2. FULL NAME**

W. J. Jones 5'2.0  
 (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**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 26 - 1938

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 12 1938 to Jan 20 1938 that I last saw him alive on Jan 21 1938, and that death occurred, on the date stated above, at 1 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 4, 1862

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute prostatic  
& nephritis

7. AGE 75 YEARS MONTHS 1 DAYS 21 IF LESS than 1 day, .... hrs. or .... min.

(duration) 1 yrs. .... mos. .... ds.  
 CONTRIBUTORY (SECONDARY) (duration) .... yrs. .... mos. .... ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Farmer (b) General nature of industry, business, or establishment in which employed (or employer). (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH no

9. BIRTHPLACE (CITY OR TOWN) Trimble (STATE OR COUNTRY) Mo.

DID AN OPERATION PRECEDE DEATH? DATE OF ... WAS THERE AN AUTOPSY?

10. NAME OF FATHER Andrew Martin Jones

WHAT TEST CONFIRMED DIAGNOSIS (Signed) W. J. Dupont M. D. 19 (Address) Edgemoor

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Trimble (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Jamima Jones

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Trimble (STATE OR COUNTRY) Mo.

14. INFORMANT J. M. Melton (Address) Flat, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smith Cem. DATE OF BURIAL Jan. 26 1938

15. FILED Feb. 9, 1938 Alpha Capps REGISTRAR

20. UNDERTAKER Lee Johnson ADDRESS Newburg Mo.

Exact statement of OCCUPATION is very important.

132B

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

3764  
Do not use this space.

1. PLACE OF DEATH

(a) County Phelps Registration District No. 680  
(b) Township Spring Creek Primary Registration District No. 3908 Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cornelius F. Jones  
(a) Residence, No. \_\_\_\_\_ St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
75 1 21

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

9. Industry or business in which work was done, as 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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE \_\_\_\_\_ DATE \_\_\_\_\_, 19\_\_

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED Feb. 9, 1938 Alpha Carter Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_ to \_\_\_\_\_, 19\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_ Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Date of onset

Septicemia  
(Chronic) n.d.

Other contributory causes of importance:

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

What test confirmed diagnosis? \_\_\_\_\_ 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) W. F. Duncanson, M. D.

(Address) Edgar Springs

S-3764 -1938

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