

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

Do not use this space.

1. PLACE OF DEATH
 County Stone Registration District No. 1096
 Township Flat Creek Primary Registration District No. 6247
 City (No. _____) St. _____ Ward _____
 File No. 4371
 Registered No. _____

2. FULL NAME John Isaac 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 40 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
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 28 1855
 7. AGE YEARS 82 MONTHS 4 DAYS 27 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) (STATE OR COUNTRY) Tenn.
 FATHER
 13. NAME Joseph Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 MOTHER
 15. MAIDEN NAME Rachael Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
 17. INFORMANT (ADDRESS) J. A. Jones
 18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Fair Mo DATE Jan 18 1938
 19. UNDERTAKER (ADDRESS) Manlove & Lohr
 20. FILED _____, 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17, 1938
 22. I HEREBY CERTIFY That I attended deceased from Sept 1, 1938, to Jan 17, 1938
 I last saw him alive on Jan 17, 1938. Death is said to have occurred on the date stated above, at 1:50 A.M.
 The principal cause of death and related causes of importance were as follows:
Mitral Insufficiency Date of onset 1936
 Other contributory causes of importance:
Atherosclerosis
 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) H. S. Shumate, M. D.
 (Address) Peeds Spring Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STAT
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

4371
Do not use this space.

1. PLACE OF DEATH
 (a) County Stones Registration District No. 1096
 (b) Township Flat Creek Primary Registration District No. 6247 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (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 John Isaac Jones
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matilda Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 21 1855
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 4 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Tenn

FATHER
 13. NAME Joseph Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER
 15. MAIDEN NAME Rachel Taylor
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT (ADDRESS) J. H. Jones Cape Fair Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE (Cape Fair Mo) DATE Jan 18 1938
 19. FUNERAL DIRECTOR (ADDRESS) Marlowe + Lane Crane Mo
 20. FILED 3/26 1938 Louis H. Reamy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 17 1938
 22. I HEREBY CERTIFY, That I attended deceased from Sept 1 to Jan 17, 1938.
 I last saw him alive on Jan 17 1938. Death is said to have occurred on the date stated above, at 1:30 p.m.
 The principal cause of death and related causes of importance were as follows:
mitral insufficiency
 Date of onset _____

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) L. S. Operate, M. D.
 (Address) Reed Spring Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-4371

1938