MAR 26 1938

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

7292
Do not use this space.

1. PLACE OF DEATH
(a) County: Linn — Registration District No.: 496
(b) Township: — Primary Registration District No.: 3025 — Registered No.: 15
(c) City: Brookfield (d) Street No.: 530 E Prairie 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: 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Julia Augusta Jones. 59.2
(a) Residence, No.: 530 E Prairie 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: F
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 1-1867

7. AGE: Years 71 | Months 1 | Days 17 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
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.: At Home
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 COUNTY): Linn County Mo.

FATHER
13. NAME: Gustive Sturtz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Do Not Know.

MOTHER
15. MAIDEN NAME: Matilda Taylor.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): England

17. INFORMANT (ADDRESS): Mrs. Hazel Rooney Kansas City - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rose Hill Cemetery DATE: 2-20 1938

19. FUNERAL DIRECTOR (ADDRESS): Hill Funeral Chapel Brookfield - Mo.

20. FILED: 3-9-1938 Joseph Lucas
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb-18-1938

22. I HEREBY CERTIFY, That I attended deceased from —, 19...., to —, 19....
I last saw h.... — alive on —, 19.... Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Thrombosis	
(Coronary Disease)	
Other contributory causes of importance: 94	

Name of operation: — Date of:
What test confirmed diagnosis? — 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? No
If so, specify:
(Signed) Joseph Lucas Coroner of Linn Co., M. D.
(Address) Brookfield Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER WITH CHARCOAL BACKING—DO NOT DETACH

1 X12004

STATEMENT BY LICENSED EMBALMER

I, J. H. Blacklock, Licensed Embalmer No. 2246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed J. H. Blacklock

Licensed Embalmer No. 2246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)