

REC'D MAR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Montgomery  
Township Montgomery  
City Montgomery (No. .... St. .... Ward)

Registration District No. 592  
Primary Registration District No. 4350

File No. 7519  
Registered No. 5

## 2. FULL NAME

Albert William 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 16-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 4 28

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

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) Montgomery Mo

13. NAME Albert Jones

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

15. MAIDEN NAME Sarah Jones

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

17. INFORMANT (ADDRESS) Blanche Robby no

18. BURIAL, CREMATION, OR REMOVAL PLACE Montgomery City Cemetery DATE Feb 15 1938

19. UNDERTAKER (ADDRESS) J. J. Maslow no

20. FILED Feb 14 1938 Buell Menefee Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1938 to Feb. 13, 1938

I last saw him alive on Feb. 12, 1938 Death is said to have occurred on the date stated above, at 8 P. m.

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

Carcinoma of the stomach.

Date of onset

June 1937

Other contributory causes of importance: Arterio sclerosis

Name of operation..... Date of.....  
What test confirmed diagnosis? Phys. Exam 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) Buell Menefee, M. D.  
(Address) Montgomery City, Missouri

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.

70  
59

522

