

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.

REC'D APR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

1 County Adair  
2 Township Boonville  
2 City Boonville (No. \_\_\_\_\_)

Registration District No. 4  
Primary Registration District No. 3001

File No. 9958  
Registered No. 45  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

Mrs Mary A. Jones 520  
(a) Residence, No. 810 E. Randolph St. Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. ✓ mos. ✓ ds. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F.</u>	4. COLOR OR RACE <u>A.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Amos P. Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 25" 1860</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>16</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	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) <u>Malheur Co. Ore</u>				
FATHER	13. NAME <u>Jane Reid</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ida</u>			
	15. MAIDEN NAME <u>Jane Bigham</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ida</u>			
	17. INFORMANT <u>Mrs Bertha Garrett</u> (ADDRESS) <u>Boonville, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Buery, Ia</u> DATE <u>Mar. 13" 1938</u>				
19. UNDERTAKER <u>F. R. Egley</u> (ADDRESS) <u>Boonville, Mo.</u>				
20. FILED <u>Mar. 12 1938</u> <u>Spencer L. Freeman</u> Registrar. <u>3</u>				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 11" 1938

22. I HEREBY CERTIFY, That I attended deceased from June 10 1932, to Mar 11 1938  
I last saw her alive on Mar. 11 1938 Death is said to have occurred on the date stated above, at 7:29A. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset \_\_\_\_\_  
131  
Other contributory causes of importance:  
Chronic Myocarditis  
Arterial Hypertension  
Nephritis (chronic)  
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?  
If so, specify \_\_\_\_\_  
(Signed) Geo. F. Sussel, M. D.  
(Address) Boonville Mo.

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