

REC'D APR 12 1938

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

10544
Do not use this space.

1. PLACE OF DEATH

(a) County Cole Registration District No. 213
(b) Township _____ Primary Registration District No. 3014 Registered No. 111
(c) City Jefferson (d) Street No. St. Marys Hosp. _____ 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. or of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Hulda L. Jones 520
(a) Residence, No. 429 E. Ashley 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 Female 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 Woodson T. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 18-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 _____ 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc. House work
10. Date deceased last worked at this occupation (month and year) Feb. 17, 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo. DFATHER 13. NAME J. B. Kirkman 114. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina 0MOTHER 15. MAIDEN NAME Emma Blanchard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia Mo.17. INFORMANT (ADDRESS) Woodson T. Jones
Columbia Mo.18. BURIAL, CREMATION, OR REMOVAL Burial
PLACE Boonville Mo. DATE April 3, 193819. FUNERAL DIRECTOR (ADDRESS) Thorp J. Jordan
Jefferson City, Mo.20. FILED Apr. 2, 1938 Dr. B. Lafol M.D.
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1938
12:15 A.M.22. I HEREBY CERTIFY, That I attended deceased from 4/1, 1938, to 4/2, 1938I last saw him alive on 4-2-1938. Death is said to have occurred on the date stated above, at 12:15 A.M.

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

Carcinoma of Intestine (Jejunum). Date of onset _____
fb

Other contributory causes of importance: Intestinal ObstructionName of operation Abdom. incision Date of 4/1/38

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? NO

If so, specify _____

(Signed) W. H. Lamb, M. D.(Address) 234 Madison St.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

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.....

Licensed Embalmer No.....

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.)