

REC'D MAY 6 1938

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

Do not use this space.

1. PLACE OF DEATH *Clinton* Registration District No. *2085388*
County *Clinton* File No. *14401*
Township *Hardin* Primary Registration District No. *4-2-6* Registered No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME *George 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 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Matilda Jones*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1-5-1860*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>78</i>	<i>3</i>	<i>23</i>	

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) *Greenville* (STATE OR COUNTRY) *Tennessee*

13. NAME *Valentine Jones*

14. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY)

15. MAIDEN NAME *Wlademda Jones*

16. BIRTHPLACE (CITY OR TOWN) *Tenn.* (STATE OR COUNTRY)

17. INFORMANT *Mrs. Fred White* (ADDRESS) *Edgerton, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mt. Zion Cem.* DATE *3-29-38*

19. UNDERTAKER *Rollins Mortuary* (ADDRESS) *Edgerton, Mo.*

20. FILED *April 15 1938* *Mrs. Lela Shackerford* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-28*, 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *Mar. 20*, 19*38*, to *Mar 29*, 19*38*

I last saw him alive on *Mar 29*, 19*38* Death is said to have occurred on the date stated above, at *11 a.m.*

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

Cerebral Thrombosis

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) *J. F. Ruffe*

M. D.

(Address) *Smithville Mo. R-2*

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.

