REC'D JUN 14 1938

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

17734
Do not use this space.

1. PLACE OF DEATH
(a) County Buchanan — Registration District No. 85
(b) Township — Primary Registration District No. 1001 — Registered No. 510
(c) City St. Joseph — (d) Street No. 3021 Locust 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 44 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Holland Jones 520
(a) Residence, No. 3021 Locust Street 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: Male
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: Kate M. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept. 19, 1878

7. AGE: YEARS 59 — MONTHS 7 — DAYS 21 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Carpenter
9. Industry or business in which work was done, as saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): May 1938
11. Total time (years) spent in this occupation: 30yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Missouri

FATHER
13. NAME: Amos K. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Missouri

MOTHER
15. MAIDEN NAME: Sarah Peabody
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): DeKalb Missouri

17. INFORMANT (ADDRESS): Mrs Holland Jones 3021 Locust Street St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE DeKalb, Mo DATE May 11, 1938

19. FUNERAL DIRECTOR (ADDRESS): Heaton BeGole & Bowman St. Joseph, Mo.

20. FILED 5/10, 1938 [signature] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 20, 1938, to May 9, 1938
I last saw him alive on May 9, 1938. Death is said to have occurred on the date stated above, at 1:25 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Asthma	10 yrs
112.	

Other contributory causes of importance:
Aout Know

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) L. H. Fuson, M. D.
(Address) St. Joseph 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.

STATEMENT BY LICENSED EMBALMER

I, W. E. Summerfield, Licensed Embalmer No. 3007

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself May 10,

L. E.

No. ✓ or by ✓, Registered Apprentice No. ✓

working under my personal supervision.

Signed W. E. Summerfield

Licensed Embalmer No. 3007

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.)