

REC'D JUN 20 1938

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

18053

Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 315
(b) Township Asherton Primary Registration District No. 915 Registered No. _____
(c) City Gower (d) Street No. _____
(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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Mrs. Lucy Ellen Jones 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 Female 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 William H. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1842

7. AGE YEARS MONTHS DAYS 95 11 28
IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housewoman
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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Virginia
(STATE OR COUNTRY) Fauquier, County

FATHER 13. NAME don't know

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

MOTHER 15. MAIDEN NAME don't know

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

17. INFORMANT Mrs. W. W. Kincaid
(ADDRESS) Gower, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Harmony DATE May 16, 1938

19. FUNERAL DIRECTOR H. A. Sullivan
(ADDRESS) Gower, Mo.

20. FILED 19..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1930, to May 14, 1938

I last saw her alive on April 14, 1938. Death is said to have occurred on the date stated above, at 1:00 A.M.

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

Myocarditis Date of onset

Other contributory causes of importance:

General debility
arterio sclerosis

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. E. Starks, M. D.

(Address) Gower, Mo.

STATEMENT BY LICENSED EMBALMER

I, H. A. Sullivan, Licensed Embalmer No. 1738
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed H. A. Sullivan
Licensed Embalmer No. 1738

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

ANSWERS TO ALL SPACES
MADE IN RED PENCIL.

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

18053
Do not use this space.

PLACE OF DEATH
City Clinton

Registration District No. 205

Township Gower

Primary Registration District No. 4123

Registered No. _____

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

FULL NAME Leroy Ellen Jones
Residence, No. Gower 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

4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

MARRIED, WIDOWED, OR DIVORCED
BAND OF WIFE OF William H Jones

BIRTH (MONTH, DAY, AND YEAR) May 6 1842
YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
95 11 28

Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewoman

Industry or business in which work was done, as saw mill, bank, etc. _____

Place deceased last worked at and occupation (month and year) _____

11. Total time (years) spent in this occupation _____

PLACE (CITY OR TOWN) OR COUNTRY Virginia
Fargy

PLACE (CITY OR TOWN) OR COUNTRY Clinton

PLACE (CITY OR TOWN) OR COUNTRY Clinton

DECEASED NAME Don't Know

PLACE (CITY OR TOWN) OR COUNTRY _____

DECEASED NAME Mrs W G Skincid

PLACE (CITY OR TOWN) OR COUNTRY New Harmony DATE May 16 1938

LOCAL DIRECTOR H. A. Sullivan
Gower
Sept 2, 1938 Mrs. J. C. Starks
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1938

2. I HEREBY CERTIFY, That I attended deceased from 1938 to May 14 1938

I last saw him alive on _____ 1938. Death is said to have occurred on the date stated above, at 7 P.M.

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

myocardial Carditis
Date of onset _____
Other contributory causes of importance:
General Senility
Arteriosclerosis

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 _____, 1938

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. C. Starks, M. D.
(Address) Gower

DUPLICATE

5-18053

1938