

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

Do not use this space.

19174

REC'D JUN 17 1938

1. PLACE OF DEATH
 County Pettis Registration District No. 668
 Township _____ Primary Registration District No. 3232
 City Sedalia (No. _____) (If nonresident, give city or town and State)
 2. FULL NAME Jim Jones 520
 (a) Residence, No. 509 N. Lamine St., _____ Ward.
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>M</u>	4. COLOR OR RACE <u>Cal</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>X</u>	DAYS <u>X</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>W. P. A. Work</u>		
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>Tenn</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT <u>Rosie Jones</u> (ADDRESS) <u>409 Lamine</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Proven Hill Pk</u> DATE <u>5-20</u> 19 <u>38</u>		
19. UNDERTAKER <u>F. O. Ferguson</u> (ADDRESS) <u>117 E. 2nd</u>		
20. FILED <u>5-19-</u> 19 <u>38</u> <u>J. A. Shep</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18, 1938

22. I HEREBY CERTIFY, That I attended deceased from 5/17, 1938, to 5/18, 1938
 I last saw h. alive on 5/18, 1938 Death is said to have occurred on the date stated above, at 4:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Angina Pectoris
 Date of onset _____

Other contributory causes of importance: 9 ft

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) D. W. Stacey, M. D.
 (Address) Sedalia, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

