

REC'D JUN 8 1938

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

Do not use this space.

1. PLACE OF DEATH

County Taney
Township Newton
City Newton

Registration District No. 809
Primary Registration District No. 6139

File No. 19762
Registered No. 72

2. FULL NAME

Martha Angelina Jones

590

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)
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 Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1868
7. AGE YEARS 69 MONTHS 11 DAYS 13
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) (STATE OR COUNTY) Boonville Mo

13. NAME Jerry Cochran

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boonville Mo

15. MAIDEN NAME Mary Carlow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Boonville Mo

17. INFORMANT (ADDRESS) Lige Cassan Cedar Valley Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Central City DATE 5/17 1938

19. UNDERTAKER (ADDRESS) none

20. FILED 5/16 1938 John H. Baxter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 p m.

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

No attending physician
Date of onset _____
Other contributory causes of importance: 200 lbs

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) John & Bradis Local Registrar
Branson Mo
774 (Address)

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.

