

REC'D AUG 23 1938

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

Do not use this space.

## 1. PLACE OF DEATH

 County Brown  
 Township Cedar  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

 Registration District No. 71  
 Primary Registration District No. 5110A

 File No. 24706  
 Registered No. 16

## 2. FULL NAME

 (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. (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 Caroline Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1861
 7. AGE YEARS 77 MONTHS 5 DAYS 11 If LESS than 1 day, .....hra. or .....min.

 OCCUPATION 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) (STATE OR COUNTRY) Missouri
 MOTHER 13. NAME Robert H Jones

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Sarah Jane Winant
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

 17. INFORMANT Robert Jones (ADDRESS) Ashland Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Salina DATE July 10 1938

 19. UNDERTAKER Ashland, Mo (ADDRESS) Ashland Mo

 20. FILED Aug 8 1938 Francis Nichols Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 1938
 22. I HEREBY CERTIFY That I attended deceased from July 1 1938 to July 9 1938 I last saw him alive on July 9 1938 Death is said
to have occurred on the date stated above, at 10.00 p.m.

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

 Date of onset Chronic Nephritis

 Other contributory causes of importance: 121

 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) H. B. J. Jr, M. D. (Address) Ashland Mo

N. B. CAUSE should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

24706  
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 71  
 (b) Township Cedar Primary Registration District No. 3110A  
 (c) City..... (d) Street No..... 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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James P. Jones

(a) Residence, No. .... St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 5 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

13. FUNERAL DIRECTOR (ADDRESS)

20. FILED Aug 8 1938 Frances Nichols Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8 1938

22. I HEREBY CERTIFY, that I attended deceased from July 1 1938 to July 7 1938  
 I last saw him alive on July 7 1938. Death is said to have occurred on the date stated above, ..... m.  
 The principal cause of death and related causes of importance were as follows:

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) H. B. Pryor, M. D.

(Address) Ashtland Mo

SUPPLEMENTAL

AS PRESCRIBED BY LAW.  
 Every item of information on this certificate may be properly classified. Give a fee for certificates until  
 OF DEATH in plain

