

REC'D AUG 24 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25127
Do not use this space.

1. PLACE OF DEATH

(a) County Bole Registration District No. 213
 (b) Township Jefferson Primary Registration District No. 3914 Registered No. 224
 (c) City Jefferson (d) Street No. 102 Clay 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 69 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 102 Clay St. St. 520
 (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 <u>male</u> | 4. COLOR OR RACE <u>white</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>Nancy Jones</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 8, 1868</u> | | |
| 7. AGE | YEARS <u>69</u> | MONTHS <u>9</u> |
| | DAYS <u>10</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>City Fireman</u> | 11. Total time (years) spent in this occupation <u>26 yrs</u> |
| | 9. Industry or business in which work was done, as law mill, bank, etc. <u>Fire Chief</u> | |
| | 10. Date deceased last worked at this occupation (month and year) | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone County Missouri</u> | | |
| FATHER | 13. NAME <u>Wm. Jones</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u> | |
| MOTHER | 15. MAIDEN NAME <u>Josephine Dorthey</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Arkansas</u> | |
| 17. INFORMANT (ADDRESS) <u>Nancy Waters Jones 102 Clay St. Jeff. City</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mt. Pleasant</u> DATE <u>7/20</u> , 19 <u>38</u> | | |
| 19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Dawson Tanner Jefferson City Mo.</u> | | |
| 20. FILED <u>7/19/1938</u> <u>Dr. Bruce M. Loch Registrar</u> | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18th 1938

22. I HEREBY CERTIFY, that I attended deceased from July 18th 1938 to July 18th 1938
 I last saw him alive on July 18th 1938 Death is said to have occurred on the date stated above at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Myocardial degeneration of C
Cardiac decompensation
Arricular fibrillation
 Other contributory causes of importance:
Barium toxic

Name of operation Postmortem Date of operation Sept 1937
 What test confirmed diagnosis? Pathology 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) John W. McHoney M. D.
 (Address) Jefferson City Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. M. Davis

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *J. M. Davis*

Licensed Embalmer No. *3741*

P. O. Address *Jefferson city Mo*

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.)

If this body is not embalmed, above space should be left blank.