

REC'D AUG 24 1938

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

25197

Do not use this space.

1. PLACE OF DEATH ²¹

(a) County De Kalb Registration District No. 262

(b) Township Dolph Primary Registration District No. 4161 Registered No. _____

(c) City Union Star, Mo. (d) Street No. _____ St. _____

(e) Length of residence in city or town where death occurred 31 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SOPHIA LORRISE JONES ⁽⁵²⁾

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 1906

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.

32 2 1

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

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) June 1938 11. Total time (years) spent in this occupation 72 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

13. NAME Edgar Kirtley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union Star Mo.

15. MAIDEN NAME Hollie A. McDonald

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

17. INFORMANT H. L. Jones

(ADDRESS) Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Union Star DATE July 5, 1938

19. FUNERAL DIRECTOR Louis D. Wilson

(ADDRESS) Union City, Mo.

20. FILED July 4 1938 E. M. McPherson

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 6, 1936, to July 3, 1938

I last saw h. W. alive on July 3, 1938. Death is said

to have occurred on the date stated above, at 8:25 P. M.

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

Spleno-myelogenous Leukemia Date of onset 1936

Other contributory causes of importance:

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) Arthur E. Rockwood M.D.

237 (Address) Union Star, Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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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, Lucile M. Wilson....., Licensed Embalmer No. 2830

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 Lucile M. Wilson

Licensed Embalmer No. 2830

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.)