

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.

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

171
26728
Do not use this space.

REC'D AUG 26 1938

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 875
 (b) Township Center Primary Registration District No. 3039 Registered No. 175
 (c) City Nevada (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 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Flora R. Jones 520
 (a) Residence, No. 629 W. Walnut St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1858

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>80</u>	<u>5</u>	<u>22</u>	

OCCUPATION 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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Bloomington, (STATE OR COUNTRY) Missouri.

FATHER 13. NAME James M. Love

14. BIRTHPLACE (CITY OR TOWN) Lynchburg, (STATE OR COUNTRY) Missouri.

MOTHER 15. MAIDEN NAME Ann M. Smith

16. BIRTHPLACE (CITY OR TOWN) Shelbyville, (STATE OR COUNTRY) Missouri.

17. INFORMANT Emma L. Smith (ADDRESS) Nevada, Missouri.

18. BURIAL, CREMATION, OR REMOVAL Deepwood Cemetery DATE July 11, 1938

19. FUNERAL DIRECTOR Ferry Funeral Home (ADDRESS) Nevada, Missouri

20. FILED 7-14 1938 Allen V. Boyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9, 1938

22. HEREBY CERTIFY, That I attended deceased from June 27, 1938, to July 9, 1938
 I last saw her alive on July 9, 1938 Death is said to have occurred on the date stated above, at 5:00 P. M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arterio Sclerosis.
 Date of onset June 27 1938
Don't know

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) W. P. Love, M. D.
7/5 (Address) Nevada, Mo

