

REC'D OCT 25 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH32796
Do not use this space.

1. PLACE OF DEATH

(a) County Miss. Registration District No. 567
 (b) Township 1 Primary Registration District No. 4334
 (c) City East Prairie (d) Street No. 41 St.
 (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

CLK DEALONZO JONES 521
 (a) Residence, No. EAST PRAIRIE MO. St. (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 Minnie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
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OCCUPATION
 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. Lumber
 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) Bethesda Mo.

FATHER
 13. NAME Ebb Jones

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

MOTHER
 15. MAIDEN NAME Ellen F. Jones

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

17. INFORMANT (ADDRESS) Minnie Jones East Prairie

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE 9/18 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Miss Shelly East Prairie Mo.

20. FILED Sept 16, 1938 Miss P. M. Hodges Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY that I attended deceased from June 18 1935 to Sept 16 1938
 I last saw him alive on Sept 15 1938. Death is said to have occurred on the date stated above, at 3 P. m.

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

Acute Regurgitation Date of onset 11/13/38

Other contributory causes of importance: none

Name of operation none Date of 11/13/38

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? no Date of injury 11/13/38

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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify J. P. Grandan M.D.

(Signed) J. P. Grandan M.D.
 (Address) Essy, 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.

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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,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Travis N. Shelby

Licensed Embalmer No. *2576*

P. O. Address. *East Prairie*

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.