

DEC 14 1938

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

38088
Do not use this space.

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Hann Primary Registration District No. 1002
 (c) City W. C. Mo (d) Street No. General Hospital #232 Registered No. 4022
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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 Alva Jones
 (a) Residence, No. 1709 Holmes St. 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Riley Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1902
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 6 11
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
 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) Oklahoma
 FATHER 13. NAME Albert Eastland
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas
 MOTHER 15. MAIDEN NAME Lula Unk.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hillsboro Texas
 17. INFORMANT (ADDRESS) Record Clerk General Hosp.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 11/7 38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hatkins Bros 1729 Lyda
 20. FILED Nov 5 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-3 1938
 22. I HEREBY CERTIFY, That I attended deceased from 11-1 1938 to 11-3 1938
 I last saw her alive on 11-3 1938 Death is said to have occurred on the date stated above, at 1:10 P. M.
 The principal cause of death and related causes of importance were as follows:
Congestive Heart Failure Date of onset
95 B
 Other contributory causes of importance:
Rheumatic Heart Disease
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? 1
 If so, specify _____
 (Signed) G. O. Purves M. D.
 (Address) General Hospital #2

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,

T. B. Watkins

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

T. B. Watkins

Licensed Embalmer No. *2889*

P. O. Address *1729 Lydia*

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.