

JAN 11 1938

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

44393
Do not use this space.

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
(b) Township St. Francois Primary Registration District No. 6918A Registered No. 170
(c) City Farmington (d) Street No. State Hospital No 4 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James F. Jones - State Hospital No. 4, Farmington, Mo.
(a) Residence, No. Malden, Missouri 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married but separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 84(?)

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Unknown

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT State Hospital No. 4 Records
(ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Hospital Cemetery DATE 12-13-38

19. FUNERAL DIRECTOR (NAME) Neidert's
(ADDRESS) Farmington, Mo.

20. FILED DEC 12 38 73 J. Robinson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12th, 1938

22. I HEREBY CERTIFY That I attended deceased from 9-6-34, 1934, to 12-12-38, 1938.
I last saw him alive on 12-11-38. Death is said to have occurred on the date stated above, at 8:15A m.
The principal cause of death and related causes of importance were as follows:

Senile psychosis
(Senile arteriosclerosis)

Date of onset 4 yrs

131

Other contributory causes of importance:
Chronic nephritis - Chronic myocarditis - Bilateral sigmoid hernia

Name of operation none Date of no
What test confirmed diagnosis? chem & lab Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? Home (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 death primarily or any way related to occupation of deceased? No
If so, specify None
(Signed) G. J. Vis Graves, Jr. M. D.
Farmington, Mo.
State Hospital No. 4

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

BODY WAS NOT EMBALMED

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

Licensed Embalmer No.

P. O. Address

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.