

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

Do not use this space.

REC'D FEB 23 1939

**1. PLACE OF DEATH**

County Franklin

Township Central

City Saint Clair

Registration District No. 271

Primary Registration District No. 4179

File No. 3197

Registered No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Abbie Louise Jones

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)

(If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1962

7. AGE

YEARS

77

MONTHS

0

DAYS

9

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Housewife

9. Industry or business in which work was done, as silk mill, 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)

Franklin County, Mo.

FATHER

13. NAME Wm. A. Montgomery

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

NOT KNOWN

MOTHER

15. MAIDEN NAME Disana Hinson

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

Not known

17. INFORMANT (ADDRESS)

Mrs George Nettell  
St. Clair, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE IOOF Cem, St. Clair, Mo. DATE Feb. 5, 1939

19. UNDERTAKER (ADDRESS)

Wm. Casey & Co.  
St. Clair, Mo.

20. FILED \_\_\_\_\_ 19 \_\_\_\_\_

W. S. Dunsford  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 1939

22. I HEREBY CERTIFY, That I attended deceased from 11-19-38, 1938, to 11-24-38, 1938

I last saw h. alive on 11-24-38, 1938. Death is said to have occurred on the date stated above, 12-4 m.

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

Date of onset

Hypostatic Pneumonia

Other contributory causes of importance:

Bronchitis

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis \_\_\_\_\_

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 \_\_\_\_\_, 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? Yes

If so, specify \_\_\_\_\_

(Signed) W. E. Hottel, M. D.

(Address) St. Clair

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Do not use this space.

11/1/04



S-2197