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.

REC'D FEB 15 1939

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

Do not use this space.

File No. 2323

Registered No. 59

Registration District No. 318

Primary Registration District No. 2001

1. PLACE OF DEATH
County: Greene
Township:
City: Springfield Mo (No. , Pythian Home St. Ward)

2. FULL NAME: Mattie A. Jones

(a) Residence, No. Pythian Home 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. 5 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Woman
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: Widow R B Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 31 1866

7. AGE: YEARS 72 ~~MONTHS 6~~ ~~DAYS 7~~ If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
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): West Point Ill

FATHER
13. NAME: Unk
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER
15. MAIDEN NAME: Unk
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): C A Guy Supt Springfield Mo

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE: Carthage Mo DATE: Jan 20 1939

19. UNDERTAKER (ADDRESS): Knelly Carthage Mo

20. FILED: Jan 20 1939 Chas A George M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 39

22. I HEREBY CERTIFY That I attended deceased from Dec 15 1938, to Jan 20 1939

I last saw her alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 2 p m.

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

	Date of onset
Chronic Nephritis Interstitial	Unk
21	
Other contributory causes of importance: Cachexia Not Investigated	Some years

Name of operation: None Date of:
What test confirmed diagnosis? Was there an autopsy?

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) William R Beatie, M. D.
(Address) Springfield Mo