

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

8075
 Do not use this space.

REC'D MAR 15 1939

1. PLACE OF DEATH

(a) County Vernon Registration District No. 875
 (b) Township _____ Primary Registration District No. 3039 Registered No. 115 35
 (c) City Nevada (d) Street No. _____ 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

Margaret Emily Jones
 (a) Residence, No. W. Ashland 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 - 1850
 7. AGE : YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 2 15
 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. Housewife
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6 1939
 22. I HEREBY CERTIFY, That I attended deceased from 1/1 Jan 1939 to Feb 6 1939
 I last saw her alive on 2/6 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:

Ventricular Fibrillation with sudden death
 Date of onset _____
 Other contributory causes of importance: Arterio Sclerosis
95 12 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Payette County Kentucky
 13. NAME Thomas W. Lloyd
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
 15. MAIDEN NAME Elizabeth Alexander
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 17. INFORMANT (ADDRESS) Miss Lizzie May Jones Nevada Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Newton B. Park DATE Feb. 8 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Days Funeral Service Nevada Mo.
 20. FILED 2-8 1939 Allen E. Jones Local Registrar.

Name of operation _____ 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) J. M. Hart, M. D.
Nevada Mo.

Every item of information should be carefully supplied. Age should be stated exactly. If probably unknown state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

SEP 29 1955

RECEIVED

District Health Officer No. 7.

District File Number 7-39-389

Date Filed 3-8-39

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.....

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.