

REC'D JUN 19 1939

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

17875  
Do not use this space.

1. PLACE OF DEATH

(a) County Adair 2 Registration District No. 4  
(b) Township Clinton Primary Registration District No. 3001 Registered No. 139  
(c) City or Kirkville 1 (d) Street No. 1004 East Normal 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Mary Alice Jones  
(a) Residence, No. 1004 E. Normal 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 <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alfred Jones</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>October 2-1859</u>				
7. AGE	YEARS <u>79</u>	MONTHS <u>7</u>	DAYS <u>16</u>	IF LESS than 1 day, .....hrs. or .....min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as a lawyer, bookkeeper, etc. <u>Home</u>			
	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) <u>Lewis Co. Missouri</u>				
FATHER	13. NAME <u>William H. Bramble</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. 1</u>			
MOTHER	15. MAIDEN NAME <u>Mary E. Hohn</u> 0			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>Dow Jones</u> (ADDRESS) <u>Kirkville Mo.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Highland Park</u> DATE <u>May 16-1939</u>				
19. FUNERAL DIRECTOR (NAME) <u>Dee Riley</u> (ADDRESS) <u>Kirkville Mo.</u>				
20. FILED <u>May 27, 1939</u> <u>Spencer L. Trema</u> 3 Local Registrar. (Address) <u>Kirkville Mo.</u>				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939, to May 24, 1939  
I last saw h. or w. alive on May 24, 1939 Death is said to have occurred on the date stated above, at 9 p. m.  
The principal cause of death and related causes of importance were as follows:  
Hemiplegia (cerebral hemorrhage) - Date of onset May 20 1930  
Arteriosclerosis  
J. J. H.  
Other contributory causes of importance:  
Infirmities of old age  
Name of operation none Date of none  
What test confirmed diagnosis? Physical 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? no  
If so, specify no  
(Signed) J. J. H. (Address) Kirkville Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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RECEIVED

District Health Officer No. 10

District File Number 10-32-1122

Date Filed JUN 15 1939

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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.**