

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.

REC'D JUL 17 1939

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

Do not use this space.

21818

1. PLACE OF DEATH ²
 County Cass Registration District No. 161
 Township Dayton ¹ Primary Registration District No. 5-226
 City Dayton, Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME 570 James M Jones
 (a) Residence, No. Dayton, Mo. 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.

File No. 2
 Registered No. 39

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
79 4 17

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

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) Dayton, Mo.
Delaware, Ind.

MOTHER FATHER 13. NAME Timothy Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delaware Pa IND.

15. MAIDEN NAME MARY RADER

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

17. INFORMANT Lotta M Jones
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE DATE

19. UNDERTAKER J. M. Kauffman
 (ADDRESS) Garden City, Missouri

20. FILED July 10, 1939 Nellie M. Smith
 Registrar. 152

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 19 _____

22. I HEREBY CERTIFY, that I attended deceased from _____, 19 _____, to June 28, 1939

I last saw him alive on _____, 19 _____ Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:
Probably Coronary Thrombosis
94%
 Other contributory causes of importance: Vascular disease

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?
 If so, specify _____
 (Signed) J. B. Ely, M. D.
 (Address) Garden City, Mo.

