

REC'D JUL 15 1939

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

21951

Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
 (b) Township..... Primary Registration District No. 4150 Registered No. 16
 (c) City Gallatin (d) Street No. 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 10 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Harriett Isadora Jones

(a) Residence, No. Gallatin, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 George Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 5 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Home
 10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Daviess Co. 0
 (STATE OR COUNTRY) Missouri

13. NAME George Curtis 0

14. BIRTHPLACE (CITY OR TOWN) Unknown 0
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Sarah Nickerson

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

17. INFORMANT Geo. Jones
 (ADDRESS) Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE McCrary Cem. DATE June 8, 1939

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co
 (ADDRESS) Gallatin, Mo.

20. FILED June 6, 1939 No Hope
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1939 to June 4, 1939

I last saw her alive on June 4, 1939. Death is said to have occurred on the date stated above, at 10:45 PM

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

Cancer of cheeks & throat Date of onset

Other contributory causes of importance:

Had morrhage from Cancer with throat

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) H. W. Bailey, M.D.(Address) Gallatin, Mo.

45
239-879
JUL 13 1939

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.....

L. O. Richesson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

L. O. Richesson

Licensed Embalmer No..... 5202

P. O. Address Gallatin, Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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1. PLACE OF DEATH *Davess*
- (a) County..... *Davess* Registration District No. *250*
- (b) Township..... *Gallatin* Primary Registration District No. *4150* Registered No.
- (c) City..... *Gallatin* (d) Street No. 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME *Harriett Sadore Jones*
- (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m.*

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. or min.

37 5 26

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.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19.....

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-4-1939*

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h..... alive on, 19..... Death is said

to have occurred on the day stated above, at m.

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

Cancer of throat
carcinoma of upper gum, right side of mandible primary
Date of onset
10/1/38

Other contributory causes of importance:
hemorrhage from cancer in throat.

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Where did injury occur?

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) *H. W. Bailey D.O., M.D.*

(Address) *Gallatin Mo*

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

