REG'D SEP 19 1939

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

29943
Do not use this space.

51

1. PLACE OF DEATH
(a) County Phelps
(b) Township or (c) City N. Dillon
Registration District No. 678
Primary Registration District No. 5902
Registered No.
(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 Nellie G Jones
(a) Residence, No. St James 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): Wid
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chas Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-29-1869
7. AGE: Years 69 Months 10 Days 21 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: House wife
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): 1-1-1939
11. Total time (years) spent in this occupation: 30 yr

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St James Mo

FATHER
13. NAME: Alexander Shepherd
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER
15. MAIDEN NAME: Elizabeth Haley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Eldon T Jones St James Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Masonic Cem DATE: 8-22, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): W E Lichlider St James Mo
20. FILED: 8-30-1939 Elsie B. Hauk, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8-20, 1939
22. I HEREBY CERTIFY, That I attended deceased from Oct 1938 to Aug 20, 1939
I last saw her alive on Aug 15, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.
The principal cause of death and related causes of importance were as follows:

Cancer of the Uterus 4 D

Date of onset

Other contributory causes of importance:

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) C H Fulbright, M. D.
(Address) St James Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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.

RECEIVED

District Health Officer No. 5,

District File Number 839 188

Date Filed 9/1/39

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.