

1939 DEC 13

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

39240

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
 Township Liberty Primary Registration District No. 5181
 City _____ St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. 520 Jonathan Edward Jones St. _____ Ward _____
 (Usual place of abode) Crump mo (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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 1 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Water, mo

MOTHER 13. NAME Can't remember

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

15. MAIDEN NAME Olevia Baker

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

17. INFORMANT Fanny Jones (ADDRESS) Delta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Cape Co. mo DATE 11/19/39

19. UNDERTAKER W. W. Davault (ADDRESS) Chaffee mo

20. FILED Nov 18, 1939 mo mi St. Clair Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 17th, 1939, to Nov 18th, 1939
 I last saw him alive on 17th, 1939 Death is said to have occurred on the date stated above, at 2:10 p.m.
 The principal cause of death and related causes of importance were as follows:

Central hemorrhage near
arterio sclerosis
 Date of onset 11/18/39
 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 _____, 1939

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 W. W. Davault (Signed) _____, M. D.

(Address) allanville 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.

OCT 22 1954