

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.

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

Do not use this space.

FILED MAR 15 1940

7585

1. PLACE OF DEATH
County Madaway Registration District No. 625
Township _____ Primary Registration District No. 303
City Marionville Riley St. _____ Ward _____
2. FULL NAME John Wesley Jones
(a) Residence No. 320 West Carpenter St. Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 Lucy A. Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4, 1857
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 83 1 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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 _____

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20 1940
22. I HEREBY CERTIFY, That I attended deceased from Nov. 10 1939 to Feb. 20 1940
I last saw him alive on Feb. 20 1940 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

Atherosclerosis
Senile Dementia
Myocardial Degeneration

Date of onset

Other contributory causes of importance: ABC

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Indiana
13. NAME John Wesley Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana
15. MAIDEN NAME Nancy Fiddler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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.

17. INFORMANT Mrs Lucy A Jones
(ADDRESS) Marionville Mo
18. BURIAL, CREMATION, OR REMOVAL White Oak, Marion Mo DATE Feb 22 40

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Cummings Funerals
(ADDRESS) Marionville Mo
20. FILED 2-22-1940 Marion E. Clark Registrar

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) H. M. Hales Jr M. D.
556 (Address) Marionville Mo

RECEIVED

District Health Officer No. 11,

District File Number 340-380

Date Filed MAR 14 1940

This body embalmed by me
Lee Meek - Missouri License 3538
at Mansfield, Mo, Woodaway
County = Feb 20, 1940
Lee Meek