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

Do not use this space.

7614

1. PLACE OF DEATH
County: Osage
Township: Jefferson
City: ..... (No. ....., ... St. ..... Ward)
Registration District No.: .....
Primary Registration District No.: .....
File No.: .....
Registered No.: .....

2. FULL NAME: Augusta E. Jones
(a) Residence, No. ..... 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: N. B. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 23, 1857.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	81	11	29	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: retired housewife
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 COUNTY): Maries County Mo.

FATHER
13. NAME: Joseph Arendall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Virginia

MOTHER
15. MAIDEN NAME: Elizabeth Winston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Virginia.

17. INFORMANT: Mrs. Ollie Branson
(ADDRESS): Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Johnson Cem. DATE: Dec. 24, 1939

19. UNDERTAKER: S. G. Licklider
(ADDRESS): Belle, Mo.

20. FILED: Mar 11, 19[illegible] Mrs Lenora Johnson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): December 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1939, to Dec 22, 1939
I last saw h... alive on Dec 21, 1939. Death is said to have occurred on the date stated above, at 9:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
[illegible]	

Other contributory causes of importance: [illegible]

Name of operation: None Date of: —
What test confirmed diagnosis? ..... 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.
.....
Manner of injury: no
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) [illegible], M. D.
(Address) Vichy Mo

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.