

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

Do not use this space.

33343

1. PLACE OF DEATH

County Laney
Township Swan
City (No. _____) _____

Registration District No. 861
Primary Registration District No. 6132

File No. _____
Registered No. 26
St. _____ Ward _____

2. FULL NAME

William Sylvester Jones

(a) Residence, No. Lanarkville, Mo. Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 yrs. 11 mos. 12 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Alice Jones

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 . 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. blacksmith
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Iron Shop
10. Date deceased last worked at this occupation (month and year) 1939 Oct 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

13. NAME William S. Jones

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

15. MAIDEN NAME Alice Wheeler

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

17. INFORMANT Mrs N. J. Wallace

18. BURIAL, CREMATION, OR REMOVAL

PLACE Helphrey DATE Sept 24 1940

19. UNDERTAKER J. M. Williams

20. FILED 9-25 1940 Gene B. Remmel

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1940

22. I HEREBY CERTIFY, That I attended deceased from June 19 36 to Sept 23 1940

I last saw him alive on Sept 22 1940 Death is said to have occurred on the date stated above, at 12:45 am.

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

Pernicious Anemia Date of onset _____

Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Blood count Date of 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) W. E. E. Hiltner D.
Branson Mo. (Address) _____

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.

1. 10. 1940

File No. Month Order No. 6,

Order No. 1040-2768

Date Filed OCT. 18 1940