

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

Do not use this space.

4491

**1. PLACE OF DEATH**

County Sealard  
Township W. 1st  
City Memphis (No. 1)

Registration District No. 810  
Primary Registration District No. 4488

File No. \_\_\_\_\_  
Registered No. 3  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jesse Jay Cone  
(a) Residence No. 2525 St. W Ward 1  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Etta Cone

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 14, 1855

7. AGE YEARS 85 MONTHS 5 DAYS 17 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co Mo

MOTHER 13. NAME Hamilton Cone

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

15. MAIDEN NAME Myra Lawrence

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Jessie Cone (ADDRESS) Memphis

18. BURIAL, CREMATION, OR REMOVAL PLACE Lauraville DATE Feb. 2, 1941

19. UNDERTAKER H. W. Reynolds (ADDRESS) Memphis, Mo

20. FILED Feb 15 1941 E. Harsh Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 1941

22. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1940, to Feb. 1, 1941

I last saw him alive on Feb. 1, 1941 Death is said to have occurred on the date stated above, at 8:30 AM.

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

Acute bacterial pneumonia  
arteriosclerosis  
coronary artery disease  
chronic myocarditis

Date of onset 1-28-41  
1-23-40

Other contributory causes of importance: varicella - 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? W. X 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? W  
If so, specify \_\_\_\_\_  
(Signed) E. E. Killebran M. D.  
(Address) Memphis, 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.

RECEIVED

District Health Officer No. 10

District File Number 2-41-454

Date Filed FEB 21 1941