

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

100M-1-29-33

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.

FILED MAY 23 1942

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

Do not use this space.

17869

1. PLACE OF DEATH

County Deklab  
Township Polk  
City Union Star (No. 5368)

Registration District No. 259212  
Primary Registration District No. Deklab

File No. 20  
Registered No. 0  
St. 0 Ward

2. FULL NAME

(a) Residence, No. RR St. 0 Ward 0

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31 1872

7. AGE YEARS 70 MONTHS 0 DAYS 27 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Albany Missouri

FATHER 13. NAME Hampton Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adswego N.Y.

MOTHER 15. MAIDEN NAME Louise Speaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Maryland

17. INFORMANT (ADDRESS) Jarret S. Uggentlast Union Star, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star cem. DATE Apr. 29 42

19. UNDERTAKER (ADDRESS) Lucile M. Wilson King City, Mo.

20. FILED 4-29 19 42 Registrar [Signature]

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27 1942

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1941, to Apr 27, 1942

I last saw him live on Apr 26 1942 Death is said

to have occurred on the date stated above, at 10:30 A. M.

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

Acute pneumonia Date of onset

Other contributory causes of importance: 948

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

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) E. M. Reepolds M. D.  
(Address) Union Star Mo

MAY 26 1942

I certify that the body was embalmed by me,

Signed

Lucile M. Wilson

King City Mo.

License #

2830