

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

26080

1 PLACE OF DEATH

County Henry  
Township Bear Creek  
or  
Village Deepwater  
or  
City (NO. .... St. .... Ward)

Registration District No. 352 File No. ....  
Primary Registration District No. 5494 Registered No. 15

If death occurred in a hospital or institution, give its NAME instead of street and number.

2 FULL NAME John Wesley Jones

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>May 7 1904</u> (Month) (Day) (Year)		
7 AGE <u>18 yrs 4 mos 17 ds</u>		If LESS than 1 day, ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry business, or establishment in which employed (or employer) <u>✓ 26 29</u>		
9 BIRTHPLACE (City or town, State or foreign country) <u>Illinois</u>		
PARENTS	10 NAME OF FATHER <u>E. E. Jones</u>	
	11 BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Ill.</u>	
	12 MAIDEN NAME OF MOTHER <u>Maisy Jolly</u>	
	13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Ill.</u>	

2 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9-25-22  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov. 4, 1920, to Sept 25, 1922, that I last saw him alive on 9-25-22, and that death occurred, on the date stated above, at 8 A. m.

The CAUSE OF DEATH\* was as follows:  
Tuberculosis of Spine and Left Arm  
(Duration) 3 yrs - mos - ds

CONTRIBUTORY (Secondary) W. Kelley  
(Signed) W. Kelley M. D.  
9-25-22 (Address) Id. Deepwater Mo

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death ... yrs ... mos ... ds. In the State ... yrs ... mos ... ds.  
Where was disease contracted if not at place of death?  
Former or usual residence.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) O. E. Jones  
(Address) Deepwater Mo

15 Filed Sep 25 1922 J. M. Miller  
Registrar

19 PLACE OF BURIAL OR REMOVAL Bear Creek Cem DATE OF BURIAL Sep 26, 1922

20 UNDERTAKER J. Kernarty ADDRESS Wentworth Ky.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**1 PLACE OF DEATH**

County .....  
 Township .....  
 or .....  
 Village .....  
 or .....  
 City ..... (NO .....  
 Registration District No. ....  
 Primary Registration District No. ....  
 File No. ....  
 Registered No. ....

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

St. .... Ward) .....  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

**2 FULL NAME**

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX .....  
 4 COLOR OR RACE .....  
 5 SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)  
 6 DATE OF BIRTH ..... (Month) ..... (Day) ..... 1911 (Year)  
 7 AGE ..... yrs. .... mos. .... ds. If LESS than 1 day ..... hrs. or ..... min.?  
 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business, or establishment in which employed (or employer)  
 9 BIRTHPLACE (City or town, State or foreign country)  
 10 NAME OF FATHER  
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country)  
 12 MAIDEN NAME OF MOTHER  
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....  
 (Address) .....  
 15 Filed ..... 1911 ..... Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH ..... (Month) ..... (Day) ..... 1911 (Year)  
 17 I HEREBY CERTIFY, that I attended deceased from ..... 1911 ..... to ..... 1911 ..... that I last saw h ..... alive on ..... 1911 ..... and that death occurred, on the date stated above, at ..... m. The CAUSE OF DEATH\* was as follows:

CONTRIBUTORY (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds. (Signed) ..... (Duration) ..... yrs. .... mos. .... ds. M. D. .... 1911 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal  
 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds. Where was disease contracted if not at place of death? Former or usual residence.

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ..... 1911 .....  
 20 UNDERTAKER ADDRESS

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.