

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

Do not use this space.

36976

**1. PLACE OF DEATH**

County Henry  
Township  
City Calhoun Mo (No. \_\_\_\_\_)

Registration District No. 349  
Primary Registration District No. 4207

File No. \_\_\_\_\_  
Registered No. 17 St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

Lemon Eason Jones  
(a) Residence. No. no number 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sellican E Jones</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>May 21 - 1868</u>		
7. AGE YEARS <u>61</u>	MONTHS <u>5</u>	DAYS <u>26</u>
8. OCCUPATION OF DECEASED <u>mgt. of grain elevator</u> (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Manager</u> (c) Name of employer		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/17 1929

17. 8 I HEREBY CERTIFY, That I attended deceased from Nov 17 1929 to Nov 17 1929 that I last saw him alive on Nov 15 1929, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Bright Disease with Spine Brain trouble

18. WHERE WAS DISEASE CONTRACTED 13-14 890  
IF NOT AT PLACE OF DEATH \_\_\_\_\_ (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129 W  
(duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

10. NAME OF FATHER L. E. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Kathrin Burns

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Indiana

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH Place of Death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no

21. WHAT TEST CONFIRMED DIAGNOSIS not heard from  
(Signed) J. R. Huxton M. D.  
(Address) Clinton Mo

14. INFORMANT Mrs. Dodson Lewis  
(Address) Calhoun - Mo

15. FILED Nov 20 1929 Mo. D. A. Gray REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clinton Mo DATE OF BURIAL Nov. 19 1929

20. UNDERTAKER Spore & Son ADDRESS Clinton

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

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.

42  
3  
3

61

61

2

PARENTS

13-14  
890

129 W

Place of Death

not heard from  
J. R. Huxton M. D.

Clinton Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL  
Clinton Mo DATE OF BURIAL  
Nov. 19 1929

20. UNDERTAKER  
Spore & Son ADDRESS  
Clinton

