

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

Do not use this space.

906

1. PLACE OF DEATH

County Henry
Township
City Calhoun (No.) (Ward)

Registration District No. 349
Primary Registration District No. 4207

File No.
Registered No. 7

2. FULL NAME

Francis E. Jones

(a) Residence. No. St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 73 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 <u>Female</u>	4. COLOR OR RACE <u>white</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>R A Jones</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 31 - 1954</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>73</u>	<u>2</u>	<u>7</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bates County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER John M. Parks
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Louise Eddins
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Wisq

14. INFORMANT (Address) See Jones

15. FILED Jan 13, 1930 Mrs. A. H. Gray
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 7 1930

17. I HEREBY CERTIFY, that I attended deceased from 15 to 15 1930
that I last saw h. alive on Jan 7, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Corrosion of Stomach
Ulcers
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 40 B
40 E
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED not known
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS Clinical signs
(Signed) James J. Taylor, M. D.
, 19 (Address) Calhoun

*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 Calhoun DATE OF BURIAL 1-9 1930

20. UNDERTAKER Joe Housley Calhoun Mo
ADDRESS

A. 2.—every item of information shown be carefully checked. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

18 1930
42
3
3

235
1
2

PARENTS

