

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

Do not use this space.

22640

**1. PLACE OF DEATH**

County Henry  
Township \_\_\_\_\_  
City Clinton (No. \_\_\_\_\_)

Registration District No. 347  
Primary Registration District No. 3018

File No. \_\_\_\_\_  
Registered No. 57  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Rebecca Carey Jones  
(a) Residence. No. 109 E. Clinton 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 31 - 1846

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, _____ hrs. or _____ min.
<u>84</u>	<u>3</u>	<u>2</u>	<u>0</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housekeeping  
(b) General nature of industry, business, or establishment in which employed (or employer). in our home  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kansas City  
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Wm Jobe

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

12. MAIDEN NAME OF MOTHER Don't know

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

14. INFORMANT Emory Jones  
(Address) Clinton, Mo

15. FILED 7/22, 1930 Dr. E. C. Peeler  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7/21 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1930 to July 21, 1930 that I last saw her alive on July 20, 1930 and that death occurred, on the date stated above, at 3:30 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis

CONTRIBUTORY (SECONDARY) 418 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_

IF NOT AT PLACE OF DEATH. \_\_\_\_\_

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_

(Signed) Dannals A. Poague, M. D.

7/21, 1930 (Address) 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 July 22 1930

20. UNDERTAKER Spencer ADDRESS Clinton

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.

1930-6-19-30

1930  
15 x 6  
59

2

12

