

DEC 22 1930

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

Do not use this space.

35952

1. PLACE OF DEATH

County Henry
Township.....
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No.....
Registered No. 87
St. Ward)

2. FULL NAME

A J Jones

(a) Residence. No. 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>Jennie Jones</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb 26, 1862</u>		
7. AGE YEARS <u>68</u>	MONTHS <u>8</u>	DAYS <u>17</u>
If LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Officer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

10. NAME OF FATHER Rever Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Bettie Enix

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Do not know
(STATE OR COUNTRY)

14. INFORMANT Mrs Jennie Jones
(Address) Wardoo - Mo

15. FILED 11/17 1930 Dr. E. C. Peeler
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 12 1930, to Nov 15 1930, and that I last saw him alive on Nov 13 1930, and that death occurred, on the date stated above, at 9-15 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lacked bowels 12213
Acute nephritis 130

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute nephritis
Food poison (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
Not at place of death Henry Co Mo
IF NOT AT PLACE OF DEATH, GIVE DATE OF Nov 13/30
AND OPERATION PRECEDE DEATH.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Cleveland Clinical
(Signed) W. Stebbins M. D.
, 19 (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 Wardoo Mo DATE OF BURIAL Nov. 17 1930

20. UNDERTAKER Spore Hoy ADDRESS Clinton Mo

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.

