

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

Do not use this space.

20340

1. PLACE OF DEATH
 77 County Clark Registration District No. 11920
 Township Biger Creek Primary Registration District No. 51858
 City..... (In..... St. Ward)
 2. FULL NAME Margaret O. Jones
 (a) Residence. No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs 43 mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James S. Jones
 6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 5 10

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work common house work
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Louisiana
 (STATE OR COUNTRY)

10. NAME OF FATHER Ed Birdie Mellon
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) La
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Nata Daves
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La
 (STATE OR COUNTRY)

14. INFORMANT Mary Herd
 (Address) Lutie ms

15. July 1932 Mary H. Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 1932
 17. I HEREBY CERTIFY, That I attended deceased from June 10th 1932, to June 30th 1932, 1932, that I last saw her alive on June 10th 1932, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Paralysis
 (duration) yrs. 9 mos. 9 ds.

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

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

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

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) P. E. Bushong, M. D.
7/10, 1932 (Address) Gainesville, Md.

*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 DATE OF BURIAL
Lutie Cemetery July 1 1932

20. UNDERTAKER ADDRESS
E. H. Jones Lutie ms

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.

JULY 26 1932

RECORD WITH ENVELOPING INK—THIS IS A PERMANENT RECORD

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