

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.

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

Do not use this space.

SEP 14 1934

1. PLACE OF DEATH

County HENRY
Township TEBO
City Lewis Station (No. _____)

Registration District No. 349
Primary Registration District No. 5-487

File No. 29054
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Willis Holland Jones
(a) Residence, No. Lewis Station St. _____ Ward _____

Length of residence in city or town where death occurred 11 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida M Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
84 4 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co Mo

MOTHER 13. NAME Richard Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Charity Dobson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT Ida M Jones (ADDRESS) Lewis Station Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Tebo DATE 8-16-34

19. UNDERTAKER Fred Wilkinson (ADDRESS) Clinton Mo

20. FILED 8-15-34 19. 34 mis. A. A. Gray Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-14-34

22. I HEREBY CERTIFY, That I attended deceased from 11/1927 to 8/14/34, 1934

I last saw him alive on 8/11/34, 1934. Death is said

to have occurred on the date stated above, at 11 P. m.

The principal cause of death and related causes of importance were as follows:

Pneumonia, edema of lungs, emphysema, hypertensive heart disease, thrombosis, coronary decompensation

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 1934

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Ed C. Lester, M. D.

(Address) Clinton Mo

