

LOCAL REGISTRAR'S REPORT—DO NOT TEAR LEAF OUT

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Deer Creek  
City (No. ....) .....

Registration District No. 344  
Primary Registration District No. 5499

File No. 35809  
Registered No. 17  
St. .... Ward)

2. FULL NAME Ilda M. 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 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 WILLIS H. JONES

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
80 2 12

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

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. W. Virginia

13. NAME Winston Chapman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Putnam Co. W. Virginia

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Killbuck Ohio

17. INFORMANT Ella S. Reeks  
(ADDRESS) Clinton Missouri R. 2

18. BURIAL, CREMATION, OR REMOVAL Funerary Station  
PLACE Burial South Chippewa DATE Sept 23 1938

UNDERTAKER Fred Williamson  
(ADDRESS) Clinton Missouri

FILED Sept 23 1938 Mrs. A. B. Gray

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) -9-21 1938

22. I HEREBY CERTIFY, That I attended deceased from about 11:00 AM 9-21, 1938  
I last saw h. or alive on 9-21, 1938 Death is said to have occurred on the date stated above, at 8 P. M.

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

Tumor left Ovary  
W. Cholesterol  
55 W

Other contributory causes of importance:

Name of operation None Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....  
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 Ed. C. Gellberg M. D.  
(Signed) Clinton, Mo.  
(Address)

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

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### 1. PLACE OF DEATH

County..... Registration District No.....  
 Township..... Primary Registration District No.....  
 City..... (No. ....) St. ....

File No.....  
 Registered No.....  
 Ward.....

### 2. FULL NAME

(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. X

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX ..... 4. COLOR OR RACE ..... 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) .....

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) .....

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

FATHER  
 13. NAME .....

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

MOTHER  
 15. MAIDEN NAME .....

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

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL

PLACE ..... DATE ..... 19.....

19. UNDERTAKER (ADDRESS) .....

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) .....

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

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 .....  
 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? .....  
 If so, specify .....  
 (Signed) .....  
 (Address) .....