

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

39292
Do not use this space.

REC'D DEC 16 1938

1. PLACE OF DEATH

(a) County Henry Registration District No. 14
 (b) Township _____ Primary Registration District No. 4211
 (c) City Windsor (d) Street No. _____ Registered No. 26
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT-FULL NAME Lester Ellis Jones

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Minnie Daniels Jones
 (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 4, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
63 10 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as 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) Houstonia Missouri

FATHER 13. NAME Joseph Jones

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

MOTHER 15. MAIDEN NAME Mary Grinstead

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

17. INFORMANT (ADDRESS) Mrs. L. E. Jones Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Nov. 7th, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Huston-Turner Windsor, Missouri

20. FILED Nov. 7, 1938 [Signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 5th, 1938

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

I last saw him alive on Nov 4, 1938. Death is said to have occurred on the date stated above, at 5-30 p.m.
 The principal cause of death and related causes of importance were as follows:

Paralysis agitans

Other contributory causes of importance:

Chronic Bronchial Pneumonia

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? _____, 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 _____

(Signed) H. C. Moffet M. D.

(Address) Windsor, 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.

RECEIVED

District Health Officer No. 7

District File Number 7-38-479

Date Filed 12-6-38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ~~me~~

Ellis M. Huston

Registered Apprentice No.

working under my personal supervision.

Signed

Ellis M. Huston

Licensed Embalmer No.

3391

P. O. Address

Windsor, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.