

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

Do not use this space.

8786

1. PLACE OF DEATH

County Carter Registration District No. 146
Township Pike Primary Registration District No. 5219
City Midco (No. _____) St. _____ Ward _____

2. FULL NAME

Elizabeth 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 Widow
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF Wm. Jones
(or) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26, 1846

7. AGE YEARS MONTHS DAYS if LESS than 1 day, _____ hrs. or _____ min.
86 8 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, 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 _____

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

FATHER 13. NAME Jiles Turley

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

MOTHER 15. MAIDEN NAME Margaret Montgomery

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

17. INFORMANT W.E. Jones
(ADDRESS) Fremont, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fremont, Mo. DATE April 1, 1938

19. UNDERTAKER W.C. Croy
(ADDRESS) van Buren, Mo.

20. FILED April 9, 1938 Jessie S. Schupp
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 26, 1933, to March 30, 1933

I last saw her alive on March 26, 1933 Death is said

to have occurred on the date stated above, at 4 p.m.

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

myocarditis Date of onset unknown
9:30
11:30 9:30

Other contributory causes of importance:

Influenza

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? _____

If so, specify _____
(Signed) R.D. Davis, M. D.
(Address) Berch Free Mo

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.

APR 24 1938

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(JUL 28 1953)