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.

MAR 22 1929

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

Do not use this space.

6106

1. PLACE OF DEATH
County Gentry
Registration District No. 314
File No.
Township
Primary Registration District No. 4190
Registered No. 12
City Stanberry (No. St. Ward)

2. FULL NAME Isaac T. 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. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower
5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Lydia E Jones deceased
6. DATE OF BIRTH (month, day and year) June 6. 1860
7. AGE Years 68 Months 8 Days 2 If LESS than 1 day, ...hrs. or ....min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (city or town) Ohio.
(State or country)

PARENTS
10. NAME OF FATHER Wm Jones
11. BIRTHPLACE OF FATHER (city or town) Ohio
(State or country)
12. MAIDEN NAME OF MOTHER Ellen Taylor
13. BIRTHPLACE OF MOTHER (city or town) Ohio
(State or country)

14. Informant H. E. Jones
(Address) Stanberry

15. Filed 2/10 19 29 Carl F. Bernd Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) Feb 8 1929
17. I HEREBY CERTIFY, That I attended deceased from 1/10, 1929, to Feb 8 1929
that I last saw h... alive on ...., 19...., and that death occurred, on the date stated above, at 11 50 p. m.
THE CAUSE OF DEATH* was as follows:
Bulbular Paralysis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

730

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? .... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Jas. A. Crocker, M. D
2/9, 1929 (Address) Stanberry, Mo.

*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 Maitland Mo
DATE OF BURIAL 2/11 1929
20. UNDERTAKER Latony F. Phillips
ADDRESS Stanberry Mo

Dr. J. A. Corbett