

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

Do not use this space.

JUN 3 1935

14104

1. PLACE OF DEATH

County St. Francois

Registration District No. 773

Township St. Francois

Primary Registration District No. 6018A

File No. _____

Registered No. 70

Near City Farmington, Mo. (No. _____, St. _____, Ward _____)

2. FULL NAME Elara Dell 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from 11-13-34, to 4-28-35, 1935

I last saw h. her alive on 4-28-35, 1935. Death is said to have occurred on the date stated above, at 8:30 P.m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS 52 MONTHS 3 DAYS ? If LESS than 1 day, _____ hrs. or _____ min.

Dementia Praecox (resulting in final exhaustion) Date of onset 1931?

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** _____

Other contributory causes of importance: Chronic Cholecystitis

terminal hypostatic pneumonia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo.

13. NAME Wm. Procter

Name of operation None Date of _____

What test confirmed diagnosis? clinical Was there an autopsy? no

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

15. MAIDEN NAME Sarah Hegger

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

Where did injury occur? None (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place. _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marble Hill Mo.

17. INFORMANT (ADDRESS) Hospital Records Farmington, Mo.

Manner of injury _____

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Jackson, Mo. DATE 4-30-35, 1935

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

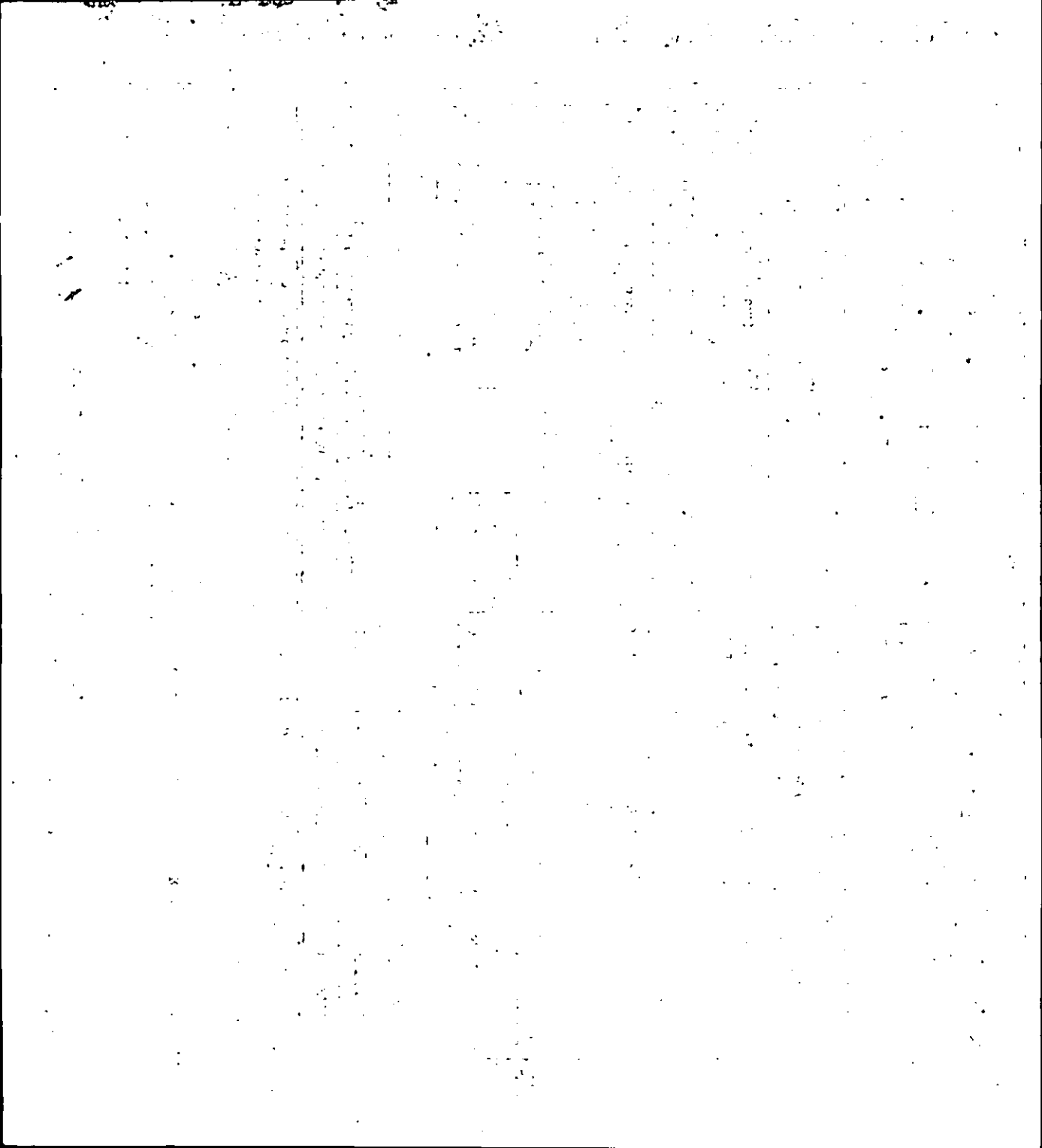
If so, specify _____ (Signed) Dr. G. Tivis Graves, Jr., M. D.

(Address) _____

19. UNDERTAKER (ADDRESS) Cracraft - Miller Jackson, Mo.

20. FILED 4-29-1935 93 J. Robinson Registrar.

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.



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1. PLACE OF DEATH

County San Francois Registration District No. 773
 Townshp _____ Primary Registration District No. 6018 A
 City Farmington (No. _____) St. _____ Ward _____

2. FULL NAME

Elara Bell 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m
 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.
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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) _____

MOTHER FATHER
 13. NAME _____

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

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) _____

20. FILED 7-1-35 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) apr 28, 1930

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:

Dementia praecox (resulting in final exhaustion) Date of onset _____

Other contributory causes of importance: 1070

Pneumonia (Broncho)

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) _____, M. D.

(Address) _____

JUN 28 1966

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