

FEB 24 1936

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

Do not use this space.

2731

File No. 268
Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Flat River, Mo. (No. _____)

Registration District No. 774
Primary Registration District No. 4465

2. FULL NAME

(a) Residence, No. Mr. John Wesley Jones St. _____ Ward _____
(Usual place of abode) Flat River, Mo. (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 <u>Male</u>	4. COLOR OR RACE <u>White-Cauc.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Nancy Ann Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 14 - 1957</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>6</u>
	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Merchant</u>	11. Total time (years) spent in this occupation <u>50</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>own store</u>	
	10. Date deceased last worked at this occupation (month and year) <u>7/20</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayden, Mo.13. NAME John Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown15. MAIDEN NAME Isabella Jones16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown17. INFORMANT Mrs. Lu Jones, son
(ADDRESS) Flat River Mo18. BURIAL, CREMATION, OR REMOVAL
PLACE Park View DATE Jan 14 193619. UNDERTAKER Alvin W. Hood
(ADDRESS) Flat River, Mo20. FILED 1-24 1936 B. Sharrar
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-12 193622. I HEREBY CERTIFY, That I attended deceased from Dec 18 1936 to Jan 12 1936I last saw him alive on Jan 12 1936 Death is saidto have occurred on the date stated above, at 4:00 p.m.

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

bilateral Bronchopneumonia Date of onset 19-36

Other contributory causes of importance:

Chronic prostatic nephritis
Diabetes mellitus
200mlName of operation _____ Date of _____
What test confirmed diagnosis Cholesterol Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) Harold S. Searcy M. D.(Address) De Searcy Mo

MARGIN RESERVED FOR BILLING

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.

V.S. NO. 2
100M-3-28-35

