

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.

FEB 27 1934 ✓

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

Do not use this space.

921

1. PLACE OF DEATH  
 County Henry Registration District No. 347  
 Township Bethelham Primary Registration District No. 5489A  
 City (No. ) St. Ward

2. FULL NAME Francis B 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Allan Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 0 14

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) Mt Pleasant Iowa

FATHER  
 13. NAME John Black  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER  
 15. MAIDEN NAME Mary Ann Traylor  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn

17. INFORMANT Joe Black  
 (ADDRESS) Clinton Mo R.R.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Bethelham DATE 1-24 1934

19. UNDERTAKER Sporrison  
 (ADDRESS) Clinton Mo

20. FILED 1-24 1934 J. R. Hampton  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1934  
 22. I HEREBY CERTIFY, That I attended deceased from Oct 3 1933, to Jan 23 1934  
 I last saw her alive on 1-22 1934 Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:

Cancer Stomach Date of onset 1-9-22  
 Other contributory causes of importance: None

Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? no

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. Walker, M. D.  
 (Address) Clinton Mo.

