

NOV 16 1934

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

Do not use this space.

File No. **31847**
Registered No. **19**
St. _____ Ward)

1. PLACE OF DEATH

County **Greene** Registration District No. **15-**
Township **Empire** Primary Registration District No. **0018**
City **Washington**

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward.

(Usual place of abode)

Length of residence in city or town where death occurred **20** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23 1879		
7. AGE YEARS 55	MONTHS 8	DAYS 5
If LESS than 1 day, _____ hrs. or _____ min.		

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. **Slurster**

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) **Oct 24 1933** 11. Total time (years) spent in this occupation **20**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany - Prussia**

MOTHER FATHER 13. NAME **Hampton Jones**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

15. MAIDEN NAME **Louise Shearer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **Bill Brown Union Station**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Union Station** DATE **Sept 30 1934**

19. UNDERTAKER (ADDRESS) **W. J. Edwards**

20. FILED **10/20 1934 Mrs E C Jaffarier Registrar.**

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 28 1934**

22. I HEREBY CERTIFY, That I attended deceased from **May 15 1934** to **Sept 28 1934**
I last saw him alive on **Sept 15 1934** Death is said to have occurred on the date stated above, at **9:30 P.M.**
The principal cause of death and related causes of importance were as follows:

Carcinoma left ovary
Metastatic carcinoma
49A
RA
Other contributory causes of importance: **Carcinoma ovary**

Name of operation **Exsperatory Lap** Date of **May 16 1934**
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? **No**
If so, specify _____
(Signed) **W. J. Edwards**, M. D.
(Address) **St Joseph Mo**

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.

WRITE PLAINLY, WITH CHANGING INFORMATION

JAN 18 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

31847

1. PLACE OF DEATH

County Andrew
Township _____
City _____ (No. _____)

Registration District No. 15
Primary Registration District No. 5018

File No. _____
Registered No. 19 St. _____ Ward _____

2. FULL NAME

Jessie Kathyrne 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

7. AGE YEARS 55 MONTHS 8 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

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) _____ Total time (years) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____

19. UNDERTAKER (ADDRESS)

20. FILED 10/20 1934 Mrs E C Jeffries Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 28, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934 to Sept 28, 1934

I first saw him alive on Sept 18, 1934. 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:

Carcinoma left ovary Date of onset _____
General abdominal fat necrosis
Carcinomatous
Primary seat unknown
No further information obtainable

Other contributory causes of importance:

aneurysm aorta

Name of operation Pulmonary Lap. Date of May 16-34

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? _____

If so, specify _____

(Signed) W F Schmid, M. D.

(Address) St Joseph 2710

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
W. 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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