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

AUG 22 1936

Do not use this space.
20011-1

File No. 32
Registered No.

1. PLACE OF DEATH
County Macon
Registration District No. 534
Township
Primary Registration District No. 4319
City New Cambria (No. St. Ward)

2. FULL NAME Elizabeth E. 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.

MARGIN RESERVED FOR BINDING

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 22 - 1853

7. AGE: Years 83 | Months 2 | Days 17 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Housekeeper
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) Wales

FATHER
13. NAME Wm. T. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER
15. MAIDEN NAME Jane Reese
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

17. INFORMANT W. D. Jones
(ADDRESS) New Cambria Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Park Cemetery DATE May 12, 1936

19. UNDERTAKER J. E. Hillebrand
(ADDRESS) New Cambria Mo

20. FILED May 8, 1936 O. D. West
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to May 10, 1936
I last saw he alive on May 10, 19 Death is said to have occurred on the date stated above, at 10 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Tumor of Stomach (Malignant) unspecified	1934
Other contributory causes of importance: Chronic Myocarditis	1930

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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) O. D. West, M. D.
(Address) New Cambria Mo

V. S. NO. 2
100M-11-24-33