

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

Do not use this space.

2158

PLACE OF DEATH

County Moniteau
Township Harrison
City (No.) (St.) (Ward)

Registration District No. 576
Primary Registration District No. 5775

File No.
Registered No. 011

2. FULL NAME Sarah Ann Jones

(a) Residence. No. Enon Mo. R.R. No. 1 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 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. 27th, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 10 26

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Kentucky

10. NAME OF FATHER Henry Cook

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER No Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) No Record

14. INFORMANT Charlie Jones

(Address) Enon Mo. R.R. No. 1

15. FILED 2-10-1931 Wm. H. Pinke REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 23rd, 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 15-1930, 19... to Jan. 23-1931, 19... that I last saw h. er alive on Jan. 23-1931, 19... and that death occurred, on the date stated above, at 6-10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asthma---Non. T. B.

112 (duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 112 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? G. S. Glover, M. D.
(Signed)

, 19 (Address) Russellville Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Woodman Cem. High Point

Jan. 25th, 1931

20. UNDERTAKER

ADDRESS

G. N. Steffens

Russellville

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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FEB 20 1931

