

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

Do not use this space.

**1. PLACE OF DEATH**

97 County Saline  
Township Marshall  
5 City Marshall (No. 757)

Registration District No. 796  
Primary Registration District No. 3038  
E. Eastwood

File No. 15358  
Registered No. 24  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mary 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF Theodore C. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 6, 1855

7. AGE YEARS 78 MONTHS 3 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Rose Co. Ohio

13. NAME Alexander Steel

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

15. MAIDEN NAME Elizabeth

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

17. INFORMANT John A. Jones (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ridge Park Cem. DATE Apr. 10, 1934

19. UNDERTAKER (ADDRESS) Vandiver Mortuary, Marshall, Mo.

20. FILED 4/9/34 1934 Blair Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 10, 1934 to Apr 7, 1934

I last saw h. et. alive on Apr 7, 1934. Death is said to have occurred on the date stated above, at 11:29 a.m.

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

Chronic myocarditis  
9519 932  
Other contributory causes of importance: Hemiplegia 1931

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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) J. H. Hanning, M. D.  
(Address) Marshall, 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 UNFADING INK—THIS IS A

100  
100  
100