

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

Do not use this space.

34474

1. PLACE OF DEATH

County Moniteau
Township Wilbur Fork
City Pipton (No.)

Registration District No. 5-75-
Primary Registration District No. 4339.

File No.
Registered No.
St. Ward)

2. FULL NAME

Roseann 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 18, 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
82 3 10

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Moniteau County
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Edmond Stinson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Cooper, Mo.
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Roseann Robinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

14. INFORMANT Wilbur Jones
(Address) Pipton, Mo.

15. FILED 10.28.27 Sarah Kyle
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-28-1929

17. I HEREBY CERTIFY, That I attended deceased from 10/28/29 to 10/28/29, that I last saw her alive on 10/28/29, and that death occurred, on the date stated above, at 3:00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Accident to
Old age
162 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 164
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) Dr. Redmore M. D.
, 19 (Address) Pipton 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 not morial cemetery
Moniteau Co, Mo DATE OF BURIAL 10-29-1929

20. UNDERTAKER Jamell E. Richards ADDRESS Pipton, Mo

2466

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.

1929

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