

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

29929

PLACE OF DEATH Pemiscat
County Pemiscat
Township Little Prairie Registration District No. 057 File No. _____
or
Village _____ Primary Registration District No. 5804 Registered No. 107
or
City _____ (NO. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Clint Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED single
(If wife the word)

DATE OF BIRTH August 29, 1912
(Month) (Day) (Year)

AGE 2 yrs. 0 mos. 9 ds. If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION (a) Trade, profession, or particular kind of work _____
(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE (City or town, State or foreign country) Pemiscat Co. Mo.

NAME OF FATHER P. A. Jones

BIRTHPLACE OF FATHER (City or town, State or foreign country) Lake Co. Penn

MAIDEN NAME OF MOTHER Alice Cushilaw

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ohio Co. Penn

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. E. Jones

(ADDRESS) Caruthersville Mo.

Filed Sept 7, 1914 H. D. Dezan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Sept. 7th, 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 6th, 1914, to Sept 6th, 1914 that I last saw him alive on Sept. 6th, 1914, and that death occurred, on the date stated above, at 2:30 a.m. The CAUSE OF DEATH* was as follows:

6/18
Cerebro Spinal Meningitis
epidemic
18 (Duration) yrs. mos. 10 ds.

Contributory (SECONDARY) _____ (Duration) yrs. mos. ds.

(Signed) M. B. Hendrix M. D. Sept 7th, 1914 (Address) Caruthersville Mo.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 2 yrs. 9 mos. 9 ds. In the State 2 yrs. 9 mos. 9 ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Little Prairie DATE OF BURIAL 9/8, 1914

UNDERTAKER J. R. Deane ADDRESS eville

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.

