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

Do not use this space.

15904

1. PLACE OF DEATH
County Pemiscot
Township
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. 4388
File No.
Registered No. 56

2. FULL NAME Hoolup Jones.
(a) Residence. No. Shady Lane 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: Boy
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): ~~Married~~
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ✓
6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26, 1927
7. AGE: YEARS | MONTHS: April | DAYS: 21 | If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: ✓
(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): Mo.

PARENTS
10. NAME OF FATHER: John Jones.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ala
12. MAIDEN NAME OF MOTHER: Pearl Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

14. INFORMANT: John Jones.
(Address) Caruthersville Mo.

15. FILED May 17, 1927 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 16. monday 1927.
17. I HEREBY CERTIFY, That I attended deceased from birth until death, 1927, to may 16, 1927, that I last saw him alive on Sunday May 13, 1927, and that death occurred, on the date stated above, at 5 a.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
~~Born with abscess~~
Unknown, No Physician
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Undetermined
(duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Mrs Easter Miles. M.D.
May 16, 1927 (Address) 408 East 14th St.

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*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: Maron Cemetery
DATE OF BURIAL: May 16 1927
20. UNDERTAKER: Friends
ADDRESS: Caruthersville 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.

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