

**BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

DO NOT USE THIS SPACE
2765 #2
~~26897-a~~
File No. _____
Registered No. **63**
St. _____ Ward _____

1. PLACE OF DEATH

County Lafayette
Township _____
City Corder (No. _____)

Registration District No. 460
Primary Registration District No. 4272

2. FULL NAME

Helen Jones

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

7. DATE OF BIRTH (MONTH, DAY AND YEAR) July 9th 1925

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>7</u>	<u>2</u>	<u>16</u>	

OCCUPATION OF DECEASED

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

BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Corder Mo

10. NAME OF FATHER

Ed Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Corder Mo

12. MAIDEN NAME OF MOTHER

Hansen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Higginsville Mo

INFORMANT

Thomas Jones
(Address) Corder, Mo

15. FILED 9-26-27 Dessie Roster
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 25 1927

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Burned to death (accidental)
Caused by explosion of
gasoline stove. 7 hours burned
180 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

178 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) J. D. Pope, Coroner, M. D.
Sept 25 1927 (Address) Lexington 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

Silent Hill City

DATE OF BURIAL

9/26 1927

20. UNDERTAKER

ast-stadec Higginsville

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