FEB 21 1928

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

Do not use this space.

1663

1. PLACE OF DEATH
County Laclede — Registration District No. 4491 — File No.
Township Crogs — Primary Registration District No. 5618 — Registered No. 1434
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Sam V. 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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Caroline Whitson

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 20 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
83	9	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Old Soldier
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Midland
(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) " "
12. MAIDEN NAME OF MOTHER " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) " "

14. INFORMANT Pres Johnson
(Address) Dry Knob Mo.

15. FILED 1/27 1928 J M Billing REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 24, 1928, to Jan. 28, 1928 that I last saw him alive on Jan. 27, 1928, and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carbolic Acid Poison
Suicide
1630
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 166
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) H. A. Hamilton, M. D
, 19 (Address) Lebanon, 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: White Oak Pond
DATE OF BURIAL: 1/30 1928

20. UNDERTAKER: Palmer T
ADDRESS: Lebanon 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.