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

Do not use this space.

5364

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township — Primary Registration District No. 2002 — Registered No. 83

City Joplin, Mo (No. ..... St. ..... Ward)

2. FULL NAME Miss Nina Lea Jones

(a) Residence. No. St. John's Hosp. 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: Fem.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Sin.

3A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	5	3	

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

9. BIRTHPLACE (CITY OR TOWN) Newton Co., (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Wm J. Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Newton Co. (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mildred Lea
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Newton Co., (STATE OR COUNTRY) Mo.

14. INFORMANT Wm J. Jones (Address) Galena Ks. R.R. #3

15. FILED 2/21, 1928 Dr. A Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 19 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1928, to Feb 19, 1928 that I last saw her alive on Feb 15-19, 1928, and that death occurred, on the date stated above, at 8 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
110A
1096 / 0 6 6
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Empiema
(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) Olsworth Mandy, M. D
2-21, 1928 (Address) Joplin 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: Carl Junction Cem. — DATE OF BURIAL: Feb. 21 1928

20. UNDERTAKER: Frank-Sievers Co. — ADDRESS: Joplin 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.

MAR 19 1928

PERMANENT RECORD