

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

Do not use this space.

13892

1. PLACE OF DEATH

County Johnson
Township Post Oak
City (No.) (St.) (Ward)

Registration District No. 430
Primary Registration District No. 5586

File No.
Registered No.

2. FULL NAME John Leon Jones

(a) Residence. No. Post Oak Twp/ 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 Jessie Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July, 18, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ___ hrs. or ___ min.
42 8 23

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Post Oak Twp
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Ollie Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Walter Jones
(Address) E. Broad, Warrenton

15. FILED April 28 C. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April, 10, 1928

17. I HEREBY CERTIFY That I attended deceased from 11:15 to 12:30 1928
that I last saw John Leon Jones on April 10, 1928, and that death occurred, on the date stated above, at 11:15 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Shot gun wound in
Stomach, accidental

CONTRIBUTORY (SECONDARY) 185
(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) W. H. Harrison, M. D.
, 19 (Address) Halden 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 DATE OF BURIAL

Summit Hill Cem April 11 1928

20. UNDERTAKER ADDRESS
Sweeney-Core Warrenton 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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

