/ 22 1928

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

35999

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township Galena — Primary Registration District No. 5561 D — Registered No. 120

City Castle Rock (No. ..... St. ..... Ward)

2. FULL NAME George Sterling 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word):

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 12, 1928

7. AGE — YEARS: — MONTHS: 2 — DAYS: — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Joplin
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER: George Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
(STATE OR COUNTRY) New York
12. MAIDEN NAME OF MOTHER: Lyda DeLano
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Joplin,
(STATE OR COUNTRY) Missouri

14. INFORMANT George Jones
(Address)

15. FILED 10/20, 1928 R. M. Stormont
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from ..... 19.. to ..... 19.. that I last saw him alive on dead Oct 19, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown - probably status lymphaticus.

67 (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 62 (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) R. M. Stormont, M. D.
10/19, 1928 (Address) Coroner

*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: Forest Park Cemetery — DATE OF BURIAL: Oct. 20 1928

20. UNDERTAKER: Frank-Seiver Und. Co. — ADDRESS: Joplin, Mo.

R. M. STORMONT, M. D.
CORONER JASPER COUNTY
PHONE 429
WEBB CITY, MISSOURI

This birth report was evidently filed else where - The family live in the outskirts of Joplin To--- and I am of the opinion that a number of births & deaths occurring there are reported to Joplin -

Our record shows under of registered number 120 the child of Raymond Shaner of this place - Albert ~~Olive~~ Allen Shaner

Yours truly
R. M. Stormont

The original ca
by yours

S-33999
1928

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

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

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County: Jasper — Registration District No.: 417 — File No.:

Township: Joplin — Primary Registration District No.: 5561 D — Registered No.: 120

City: (No. , St. Ward)

2. FULL NAME George Sterling Jones

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
	2	7	

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)

PARENTS

10. NAME OF FATHER George Jones

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

12. MAIDEN NAME OF MOTHER Eliza D. Lane.

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

14. INFORMANT
(Address)

15. FILED Feb 28, 19 R. M. Stewart
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) , M. D
, 19 (Address)

*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 19
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

V. S. No. 48.