8 1928

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.

34572

1. PLACE OF DEATH
County St Clair — Registration District No. 763 — File No.
Township Butler — Primary Registration District No. 6005 — Registered No. 19
City (No. St. Ward)

2. FULL NAME No name only lived 3 hours
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 20, 1928

7. AGE — YEARS — MONTHS — DAYS 1½ — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Clair Co
(STATE OR COUNTRY) Mo.

PARENTS
10. NAME OF FATHER David Edward Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Daisy Jewel McMillin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.

14. INFORMANT D.E. Jones
(Address) Lowry City Mo

15. FILED Nov 10, 1928 Leo H. Wright
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 20th 1928

17. I HEREBY CERTIFY, That I attended deceased from 10/20/28 - 7:30 AM, 19, to 10/20/28 10 PM 19 that I last saw him alive on 10/20/28 - 10 AM 19, and that death occurred, on the date stated above, at 10 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Injurys received in Childbeath - Forceps Delivery -

1618 1608

(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (SECONDARY) Mothers Narrow Pelvis

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? No disease
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Objective Symptoms & signs
(Signed) Leo Sheldon Wright, M. D
10/21, 1928 (Address) Lowry City, 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: Fork Grove Cemetery — DATE OF BURIAL: 10/22 1928

20. UNDERTAKER: T.C. Undertaker — ADDRESS