

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.

APR 23 1929
J. J. ...
- 215 Mass
70262

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

Do not use this space.

9736

1. PLACE OF DEATH
County Buchanan Registration District No. 86
Township Wayne Primary Registration District No. 15128
City S (No. R.R.#) St. _____ Ward _____

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME John Hammy Jones
(a) Residence No. R.R.# 7 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) July 18, 1914

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
14 7 15

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

9. BIRTHPLACE (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER John W. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Joseph
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Nell A. Hammy

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

14. INFORMANT John W. Jones
(Address) R.R.# 7

FILED Mar 29 1929 J. J. Danolich
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 3 19 29

17. I HEREBY CERTIFY, That I attended deceased from March 2, 1929, to March 3, 1929, that I last saw h. DM alive on March 3, 1929, and that death occurred, on the date stated above, at 12 Noon m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Bronchial
Double Acute
7 (duration) yrs. mos. 7 ds.

CONTRIBUTORY Measles
(SECONDARY) (duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT A PLACE OF DEATH _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) J. J. Danolich M. D.
Mar. 4, 19 29 (Address) St. Joseph 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 King Hill Cemetery DATE OF BURIAL Mar. 5 19 29

20. UNDERTAKER H. O. Sidenfaden ADDRESS 1802 Union St.

