

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

Do not use this space.

17668

**1. PLACE OF BIRTH**

County Cooper  
Township Boonville  
City Boonville No. \_\_\_\_\_

Registration District No. 218  
Primary Registration District No. 3015

File No. \_\_\_\_\_  
Registered No. 58  
St. \_\_\_\_\_ Ward)

**2. FULL NAME** William Leonard 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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 9 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
4 15

**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) Jayette Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Charles E Jones

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

12. MAIDEN NAME OF MOTHER Mary Idell

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

14. INFORMANT Chas. E. Jones  
(Address) Boonville Mo

15. FILED May 25 1929 W. H. H. H. H. REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1929

17. I HEREBY CERTIFY, That I attended deceased from May 22, 1929, to May 24, 1929, that I last saw him alive on May 24, 1929, and that death occurred, on the date stated above, at 11:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Acute Gastro-Enteritis  
1205  
11410  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
CONTRIBUTORY (SECONDARY) \_\_\_\_\_  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
WHAT TEST CONFIRMED DIAGNOSIS Clinical Laboratory  
(Signed) M. S. McQuinn M. D.

21. 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.  
5/25/1929 (Address) Boonville Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Howard Co. DATE OF BURIAL May 26 1929  
Mc Pleasant Cemetery

20. UNDERTAKER Goodman & Co. ADDRESS Boonville Mo

K. 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.

RECORD WITH CONTINUING INK—THIS IS A PERMANENT RECORD

