

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

Do not use this space.

41178

**1. PLACE OF DEATH**

County..... Johnson ..... Registration District No. 431  
Township..... Warrensburg ..... Primary Registration District No. 3023  
City..... Warrensburg, (No. ...., ..... St. ...., ..... Ward)

**2. FULL NAME** Robert Eugene Jones

(a) Residence. No. 213 Youngs 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
(For the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8, 1929

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
0 0 2

**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) Warrensburg. Mo

10. NAME OF FATHER J. B. Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Pettis Co  
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Marie K Sullivan

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

14. INFORMANT J. B. Jones.  
(Address) Warrensburg.

15. FILED Dec. 19, 1929 Wm R Patterson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 10 1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1929 to Dec 10, 1929 that I last saw him alive on Dec 10, 1929 and that death occurred, on the date stated above, at 1 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Intra-cranial Hemorrhage  
160 C  
161 D

(duration) ..... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) difficulty prolonged  
edema (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 Chemical  
(Signed) Wm R Patterson M. D.  
Dec 10 1929 (Address) Warrensburg 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 Sunset Hill Cem DATE OF BURIAL 12-10 1929

20. UNDERTAKER S. R. Sweeney, Warrensburg. ADDRESS

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.

