

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

Do not use this space.

**89**

**1. PLACE OF DEATH**

County Bartlesville  
Township 10  
City (No. ....) (St. ....) (Ward ....)

Registration District No. 45  
Primary Registration District No. 3068

File No. ....  
Registered No. ....

**2. FULL NAME** Donald Jones

(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. 1 How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 17 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Jan 16 1930 to Jan 17 1930 that I last saw h. w. alive on Jan 16 1930, and that death occurred, on the date stated above, at 4:10 a. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC 20 of 1899 1929

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
28

Bronchial Pneumonia  
9 (duration) yrs. mos. 3 da.

**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

CONTRIBUTORY (SECONDARY) Whooping-cough (duration) yrs. mos. 14 da.

9. BIRTHPLACE (CITY OR TOWN) Bartlesville, Mo. (STATE OR COUNTRY)

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

10. NAME OF FATHER John L Jones

DID AN OPERATION PRECEDE DEATH? No DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alaska, Mo (STATE OR COUNTRY) Mo

WAS THERE AN AUTOPSY? No

12. MAIDEN NAME OF MOTHER Rosa Antea  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Washburn (STATE OR COUNTRY) Clay Co Mo

WHAT TEST CONFIRMED DIAGNOSIS? Clinical  
(Signed) Arthur J. Witham, M. D.  
1/17 1930 (Address) Shelburne Mo

14. INFORMANT J L Jones (Address) 10 Jones

\*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.

15. FILED 1-18 1930 Harvey B Wilcox REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Haylesport Cem DATE OF BURIAL 1-18 1930

20. UNDERTAKER No undertaker ADDRESS

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PHYSICIANS should state cause of death as accurately as possible. Exact statement of OCCUPATION is very important.

