

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

Do not use this space.

9560

1. PLACE OF DEATH

County Missouri Registration District No. 5267
Township East Prairie mo. Primary Registration District No. 4334
City East Prairie mo. (No.) St. Ward)

File No.
Registered No. 124
St. Ward)

2. FULL NAME

David Henry 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 21 1930

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

17. I HEREBY CERTIFY, That I attended deceased from met 15-22 1930 to met. 21- 1930 that I last saw h. in alive on met 19-15- 1930, and that death occurred, on the date stated above, at 11 A 108 m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 26 - 1897

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
33 4 25

Influenza
11 A
108

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

CONTRIBUTORY (SECONDARY) Loba, Pneumonia (duration) yrs. mos. 5 ds.
4 ds.

9. BIRTHPLACE (CITY OR TOWN) Pape Co. Ill
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED Ill
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF

10. NAME OF FATHER Sterling Jones

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lee Cemetery

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Res. M. Whitaker, M. D.
3/21 1930 (Address) East Prairie mo

12. MAIDEN NAME OF MOTHER Don't know

*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.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't know
(STATE OR COUNTRY)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Lee Cemetery DATE OF BURIAL 3/21 1930

14. INFORMANT Rev. J. Jones X
(Address) Deventer, Mo.

20. UNDERTAKER Novos Shelby ADDRESS East Prairie Mo.

15. FILED 3/21 1930 Duffon Hodges REGISTRAR

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

30
89

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miss. Registration District No. 567 File No.
 Township East Prairie Primary Registration District No. 4334 Registered No. 24
 City (No.) St. Ward

2. FULL NAME

David Henry 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

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 21 1930

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

17. I HEREBY CERTIFY That I attended deceased from
 19..... to 19.....
 that I last saw h..... alive on 19....., and that
 death occurred, on the date stated above, at..... m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26-1847

THE CAUSE OF DEATH WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS H LESS than 1 day, hrs. or min.
82 4 25 -

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

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY.....
 WHAT TEST CONFIRMED DIAGNOSIS.....
 (Signed)....., M. D.
 , 19 (Address)

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED 4-7-30 Clifford Hodge REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE IF CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L. 11. B.—Every item of information should be properly classified. Exact statement of OCCUPATION is very important. SELF-DECEASED—Every item of information should be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE IF CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY L.