

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

Do not use this space.

19806

JUL 23 1930

1. PLACE OF DEATH
 County Jasper Registration District No. 44
 Township Madena Primary Registration District No. Sub 2
 City Joplin No. 1117 Sergeant St. _____ Ward _____

2. FULL NAME Ray O. 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 48 4. COLOR OR RACE LD 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 10 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 8 10 15

8. OCCUPATION OF DECEASED Printer
 (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) Kansas

10. NAME OF FATHER no Record

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

12. MAIDEN NAME OF MOTHER no Record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no Record

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-25-1930

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1930 to June 25, 1930
 that I last saw him alive on June 25, 1930 and that death occurred, on the date stated above, at 2-15 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diabetes

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 57
 (duration) _____ yrs. _____ mos. _____ ds.

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) J. J. Trust M. D.
 (Address) Joplin 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 Fairview DATE OF BURIAL 6-26 1930

20. UNDERTAKER Wendell L. Clark ADDRESS Joplin Mo

14. INFORMANT Minnie Jones
 (Address) Joplin Mo

15. FILED 6/27 1930 A. Benson Clark REGISTRAR

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

