

SEP 25 1930

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

Do not use this space.

27193

1. PLACE OF DEATH

County Lawrence Registration District No. 467
Township Aurora Primary Registration District No. 4280
City Aurora No. 315 Coffield

File No. _____
Registered No. 222 St. _____ Ward)

2. FULL NAME Babbie Lee Jones

(a) Residence, No. 315 Coffield 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)

Infant

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

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

Nov-2-1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

2

9

12

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)

Aurora Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Melton Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Aurora Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Lucile Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Aurora Mo.

(STATE OR COUNTRY)

14. INFORMANT

Pauline Williams

(Address)

Aurora Mo.

15. FILED

Sept. 6, 1930 W. W. Smart

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug. 14 1930

17.

I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1930, to Aug. 14, 1930, that I last saw alive on Aug. 14, 1930, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastroenteritis

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) Thomas D. Miller, M. D.

8/14, 19 (Address) Aurora, 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

DATE OF BURIAL

Maple Park Cemetery

8/16 1930

20. UNDERTAKER

ADDRESS

King Funeral Home Aurora Mo.

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.

