DEC 22 1930

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

Do not use this space.

305-29-1

1. PLACE OF DEATH

County: Miller

Township: Tuso. Henry

City: ..... Ward: .....

Registration District No.: 6

Primary Registration District No.: ~~5760~~ 6276 98

File No.: 305-29-1

Registered No.: .....

2. FULL NAME: Ola 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: Life 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 18. 1928

7. AGE: Years 2 | Months 11 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Hughes
(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Lewis Jones

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

12. MAIDEN NAME OF MOTHER: Florence Green

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

14. INFORMANT: Lewis Jones
(Address): St Elizabeth Inn

15. FILED: Sept 10, 1930 John L. Schmidtmann, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept. 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 8, 1930 to Sept 8 1930, that I last saw him alive on Sept. 7 8 1930 and that death occurred, on the date stated above, at 8 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cholera Infantum

119 B

(duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY): Dentition

(duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. Blanton, M. D

9/9, 1930 (Address) Metz

*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: Wausing Cemetery

DATE OF BURIAL: 9/9 1930

20. UNDERTAKER: H. N. Stirsp

ADDRESS: Metz

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.

305-29-1