NOV 28 1930

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

Do not use this space.
38287
85

1. PLACE OF DEATH
County: Taney
Township:
City: Branson (No. ..... St. ..... Ward)
Registration District No.: 859
Primary Registration District No.: 6128
File No.:
Registered No.:

2. FULL NAME: Everett Ray 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: 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): March 27-1930

7. AGE: Years | Months: 6 | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER: G. L. Jones.
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Lawrence Co.
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Bessie Beasley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Stone Co.
(STATE OR COUNTRY): Mo.

14. INFORMANT: G. L. Jones
(Address): Reed Springs Mo.

15. FILED: 11/10, 1930 P. A. Thornsberry, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 9th 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 2nd, 1930, to Nov 9th, 1930, that I last saw him alive on Nov 9th, 1930, and that death occurred, on the date stated above, at 5:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
130
(duration) yrs. mos. 14 ds.

CONTRIBUTORY (SECONDARY): None
(duration) yrs. mos. ds.

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? None
(Signed) Harry T. Evans, M. D.
, 19 (Address) Hollister 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: Branson Cemetery | DATE OF BURIAL: 11/10 1930
20. UNDERTAKER: None | ADDRESS

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.