

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

Do not use this space.

38308

1. PLACE OF DEATH

County Kernon
Township Center
City Nevada (No.)

Registration District No. 875
Primary Registration District No. 3039

File No.
Registered No. 255
St. Ward)

2. FULL NAME

(a) Residence. No. 806 East 4th Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 1 yrs. 1 mos. 0 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 8 8

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

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

10. NAME OF FATHER Edward Jones

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

12. MAIDEN NAME OF MOTHER Margaret

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

14. INFORMANT (Address) John C. Jones
North Street, Mo.

15. FILE NO. 12-1-19-30 REGISTRAR E. R. King

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 19, 1930 to Nov. 19, 1930 that I last saw him alive on Nov 19, 1930 and that death occurred, on the date stated above, at 8:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Duress - Caused by gas tank explosion
121 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

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) D. D. D. M. D.
, 19 (Address) Manassas, 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 Kansas City, Mo DATE OF BURIAL 11-21-1930

20. URBANITY Urban ADDRESS Myers Mortuary Nevada

N. B.—Every effort should be made to secure exact statement of OCCUPATION. Exact statement of OCCUPATION is very important. CAUSE OF DEATH may be properly classified. AGE should be supplied. AGE should be supplied. AGE should be supplied.

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ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH.
 County Hernon Registration District No. 875- File No.
 Township Primary Registration District No. 2239 Registered No. 433-
 City Nevada (No.) St. Ward

2. FULL NAME Carol 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

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

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

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

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

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) (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)

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 19 1930

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.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bursts Caused by Gas tank explosion at filling station. Storage tank a part from Gasoline. Burial no Automobile connected

CONTRIBUTORY (SECONDARY)

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) al

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

14. INFORMANT (Address)

15. 10-1-30 E. R. King REGISTRAR

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

20. UNDERTAKER ADDRESS

N. B.—Every item of information should be correctly supplied. All of and of local health officers and state registrars shall not receive a fee for certificates until they are complete as prescribed by law. Every item of information should be correctly supplied. All of and of local health officers and state registrars shall not receive a fee for certificates until they are complete as prescribed by law. Every item of information should be correctly supplied. All of and of local health officers and state registrars shall not receive a fee for certificates until they are complete as prescribed by law.

SUPPLEMENTARY

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