

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

Do not use this space.

10871

**1. PLACE OF DEATH**

County New Madrid Registration District No. 845  
 Township Big Springs Primary Registration District No. 4553  
 City Near Matthews (No. 3800) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_

**2. FULL NAME** William Thomas 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 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Dora Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 20<sup>th</sup> 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
60 5 3

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Famer  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New Madrid  
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Wiley Jones

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

12. MAIDEN NAME OF MOTHER Caroline Clark

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

14. INFORMANT Cecil E. Jones  
 (Address) St. Louis Mo.

15. FILED 4/8 1931 Jimmie E. Deane  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 23 1931

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 5:30 P. m.

18. THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
by gun shot wound self inflicted with automatic shot gun with suicidal intent  
167 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 167 (duration) yrs. mos. da.

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?  
 (Signed) S. H. Holman, Coroner, M. D.  
 , 19 (Address) Pentagonville 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 Sikeston City Cemetery  
Sikeston Mo. DATE OF BURIAL March 25 1931

20. UNDERTAKER John Albritton  
Sikeston Mo. ADDRESS

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.

