

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

Do not use this space.

25812

1. PLACE OF DEATH

County Pemiscot Registration District No. 114
Township Godair Primary Registration District No. 5869
City (No.) St. Ward)

File No.

Registered No.

2. FULL NAME Cornelia 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 Female 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21st, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>1</u>	<u>2</u>	<u>6</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Child</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) near Portageville
(STATE OR COUNTRY) Missouri

MOTHER FATHER 13. NAME Will Jones

14. BIRTHPLACE (CITY OR TOWN) Charleston
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mattie Morgan

16. BIRTHPLACE (CITY OR TOWN) Tennessee
(STATE OR COUNTRY)

17. INFORMANT Will Jones
(ADDRESS) Portageville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Portageville DATE 7-27 1911

19. UNDERTAKER R. M. Payne
(ADDRESS) Portageville, Mo.

20. FILED 7/31 1931 Ch. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1931

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:

Strangled to death with Whooping Cough

Information furnished by Dick Wilson (A white man)

Other contributory causes of importance:

Cold and whooping cough

Name of operation none Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... none

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify None Ch. Cook Local Registrar

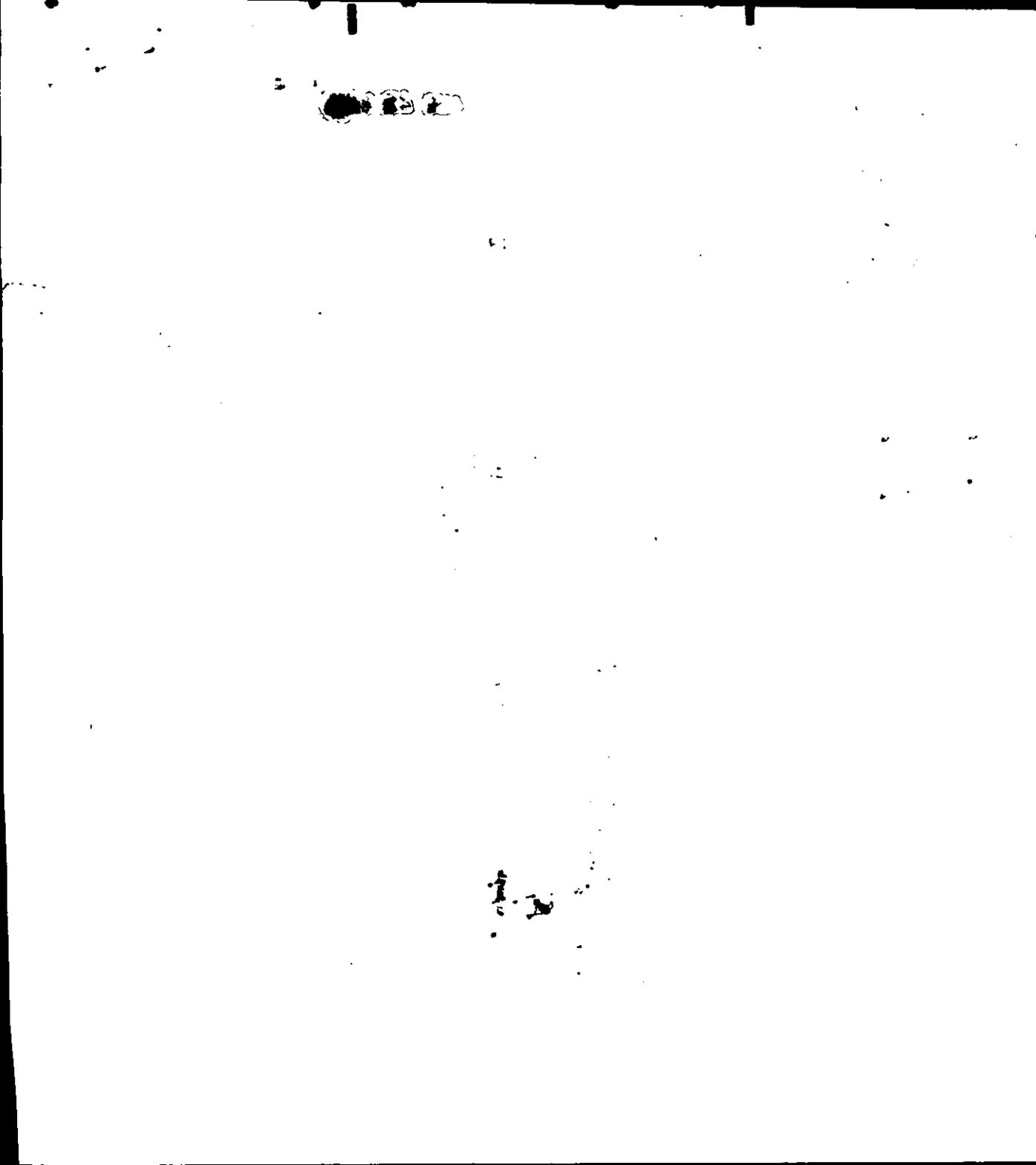
(Signed)..... M. D.

(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.

AUG 29 1931



DR. OGLIVIE:- I am sending in this death certificate and will say that this man had no doctor for the child, but Mr. Jesse C. (Dick) Wilson furnished me sufficient information and to my satisfaction that the child died with whooping cough and strangled to death. He lives on Mr. Wilson's place in your county. The child also had a very bad cold. Please sign the certificate.

O.A.Cook

7-27031

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