

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

Do not use this space.

30709

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125 File No. _____
Township " Primary Registration District No. 2009 Registered No. 778
City " (No. Southeast Mer Hospital St. _____ Ward _____)

2. FULL NAME

Robert F. Jones
(a) Residence, No. 50 E. Mer Hospital 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 8 - 1930
7. AGE YEARS 1 MONTHS 5 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) Miller ville (STATE OR COUNTRY) Mo.

13. NAME Jesse W. Jones

14. BIRTHPLACE (CITY OR TOWN) Miller ville (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Chloe Myres

16. BIRTHPLACE (CITY OR TOWN) Winona (STATE OR COUNTRY) Mo.

17. INFORMANT Jesse W. Jones (ADDRESS) Miller ville Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Snider cemetery DATE Sept 7 1931

19. UNDERTAKER Longbrake & Co (ADDRESS) Cape Girardeau Mo.

20. FILED 9-7- 1931 W. H. Humphreys Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1931
22. I HEREBY CERTIFY, That I attended deceased from Aug 26th 1931 to Sept 5 1931
I last saw him alive on Sept 5 1931. Death is said to have occurred on the date stated above, at 9 AM.
The principal cause of death and related causes of importance were as follows:

Encephalitis lethargica about 8/10/31

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? spinal fluid Was there an autopsy? no

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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) J. J. Cochran, M. D.
(Address) 801 A Broadway, Cape Girardeau Mo.

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.

OCT 22 1931

THIS IS A PERMANENT RECORD

