

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.

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

Do not use this space.

**1. PLACE OF DEATH**

County Butler Registration District No. 88 File No. 3863  
 Township Neely Primary Registration District No. 5130 Registered No. 11  
 City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

J. W. Jones  
 (a) Residence, No. Neelyville, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_ (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 <u>Male</u>		4. COLOR OR RACE <u>Negro</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 28, 1917</u>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
		<u>14</u>	<u>11</u>	<u>23</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Boy at home in</u>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>school &amp; fields</u>				
	10. Date deceased last worked at this occupation (month and year) <u>2-19-22</u>				
11. Total time (years) spent in this occupation <u>8</u>					
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boylstonsville Arkansas</u>					
FATHER	13. NAME <u>Benny Houston Jones</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bozynth Mississippi</u>				
	15. MAIDEN NAME <u>Belia Ward</u>				
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bozynth Mississippi</u>				
	17. INFORMANT (ADDRESS) <u>J. W. Jones Neelyville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Neelyville Mo</u> DATE <u>2-22 1932</u>					
19. UNDERTAKER (ADDRESS) <u>Friends &amp; Neighbors</u>					
20. FILED <u>2-21 1932</u> <u>R. L. Turner</u> Registrar.					

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932, to Feb. 21, 1932  
 I last saw him alive on Feb. 21, 1932 Death is said to have occurred on the date stated above, at 9:30 A. M.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
106  
108  
 Other contributory causes of importance: none  
 Date of onset 2-10-32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) R. L. Turner, M. D.  
 (Address) Neelyville Mo.

