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.

APR 26 1932

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

Do not use this space.

8259

1. PLACE OF DEATH

47 County Iron — Registration District No. 391 — File No.

2 Township Arcadia — Primary Registration District No. 4230 — Registered No. 12

6 City Ironton (No. ..... St. ..... Ward)

2. FULL NAME Virgil Leo Jones

(a) Residence. No. Iron Mountain Mo Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: No

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
17		9	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Mining 1948 168-A

(b) General nature of industry, business, or establishment in which employed (or employer): Mo Ore Co.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Doe Run
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Joel Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Farmington
(STATE OR COUNTRY): Missouri

12. MAIDEN NAME OF MOTHER: Ella Luttman

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

14. INFORMANT: Joel Jones
(Address): Farmington R6. Mo

15. FILED 3/14, 1932 R. A. Rasche REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 12th 1932

17. I HEREBY CERTIFY, That I attended deceased from March 12 at 11:30 AM, 1932, to March 12 - 3 PM, 1932, that I last saw her alive on March 12, 1932, and that death occurred, on the date stated above, at 3 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Fractured skull with intracranial hemorrhage

4 hours (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Fractured ribs

4 hours (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: 1940 (1)

IF NOT AT PLACE OF DEATH: Iron Mountain, Mo

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) George W. Gay M. D.

3/14, 1932 (Address) Ironton 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. Accidental Death

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Elvins Mo. — DATE OF BURIAL: 3.14 - 1932

20. UNDERTAKER: S. E. Bond — ADDRESS: Ironton Mo.

~~14~~

32 3 ~~4~~ 2

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15

32 3 12

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