

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

Do not use this space.
25940

1. PLACE OF DEATH
 39 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 3 City Springfield (No. Baptist Hospital) St. _____ Ward _____
 5
 2. FULL NAME David Jones
 (a) Residence, No. P.O. Pleasant Hope St. _____ Ward _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 18, 1932
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ___ hrs. or ___ min.
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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) (STATE OR COUNTRY) Springfield Hospital
Springfield, Mo.
 13. NAME Willis Albert Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Callerton
Mo.
 15. MAIDEN NAME Maureen Chubb
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield
Mo.
 17. INFORMANT Willis A. Jones
 (ADDRESS) P.O. Pleasant Hope, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenlawn DATE 8/19 1932
 19. UNDERTAKER A.C. Thieme
 (ADDRESS) 1100 Bonwill av.
 20. FILED 8-20-1932 Ralph Langston
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 18 1932
 22. I HEREBY CERTIFY, That I attended deceased from Aug 18 1932 to Aug 18 1932
 I last saw him alive on Aug 18 1932 Death is said to have occurred on the date stated above, at 10:20 a.m.
 The principal cause of death and related causes of importance were as follows:
 1. Septic Gram Hemorrhage
 2. Helektasis
 Other contributory causes of importance:
160B 160B
161W
 Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) E. L. Parkhurst M. D.
 (Address) 2447 W. Jefferson

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.

SEP 22 1932

Contrapt

