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

Do not use this space.

32725

File No.
Registered No.

1. PLACE OF DEATH
County: Knox
Township: Boughan
City: ~~Bloomen~~ (No. , St. Ward)
Registration District No.: 447
Primary Registration District No.: 3609
52

2. FULL NAME: Orville Lee 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: ✓
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ✓

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 2 1932

7. AGE: YEARS ✓ MONTHS — DAYS ✓ If LESS than 1 day, 8 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 COUNTY): Plevna Knox mo.

FATHER
13. NAME: Hosea Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Plevna Knox co mo.

MOTHER
15. MAIDEN NAME: Bertha Latimer
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY): Newark mo.

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Bee Ridge DATE: Oct 3 1932

19. UNDERTAKER (ADDRESS): Brothers & Inninger Novelty mo.

20. FILED: Oct 5 1932 Frank Baldwin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1932 to Oct 2 1932
I last saw h. alive on Oct 3 1932 Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

Premature Birth
Resulting in the Mother had
159 159

Date of onset

Other contributory causes of importance:

Name of operation: Date of
What test confirmed diagnosis? Was there an autopsy?

(3)

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) [illegible] (M.D.)
(Address) [illegible]

OCT 26 1992

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.