

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

36099

*Dr. Goodland  
1124 1/2 W. Main  
Do not use this space.*

**1. PLACE OF DEATH**

49 County Gasper Registration District No. 41 File No. 24  
 7 Township Joplin Primary Registration District No. 2602 Registered No. \_\_\_\_\_  
 5 City Joplin (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George W. Jones  
 (a) Residence, No. 2625 Kentucky Ave. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr Sarah Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 16. 1876</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>7</u>
		DAYS
		<u>27</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Merchant</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>171</u>	
	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) <u>Illinois</u>		
FATHER	13. NAME <u>Don't Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Eliza M. Broom</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
17. INFORMANT (ADDRESS) <u>Mr Sarah Jones</u> <u>Joplin Mo</u>		
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Webb City</u> DATE <u>Nov. 19</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Heck Hub. Co</u> <u>Joplin Mo</u>		
20. FILED <u>11/13</u> 19 <u>32</u> <u>W. Benson Clark</u> Registrar.		

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 3 1932 to Nov 13 1932  
 I last saw him alive on Nov 13 1932. Death is said to have occurred on the date stated above, at 12:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Septicococcus infection following extraction of a tooth  
 Date of onset 2/1/32

Other contributory causes of importance:  
115 B / 174  
130

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis: chest laboratory Was there an autopsy? \_\_\_\_\_

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) W. Goodland, M. D.  
 (Address) Joplin 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.

JAN 9 1932

