

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

Do not use this space.

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1. PLACE OF DEATH

27 County Cooper
2 Township Boonville
4 City Boonville (No. St. Ward)

Registration District No. 218
Primary Registration District No. 3015

File No.
Registered No. 8

2. FULL NAME

William Warner 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 Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 7-1909

7. AGE YEARS 23 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Cooper County Mo.

13. NAME Nathaniel Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

15. MAIDEN NAME Lida Henderson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cooper County Mo.

17. INFORMANT Nathaniel Jones (ADDRESS) Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Libby Cemetery DATE Jan 29 1933

19. UNDERTAKER Woodruff & Baller (ADDRESS) Boonville Mo

20. FILED 1/30 1933 W. B. Russell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 16 1933 to Jan 26 1933. I last saw him alive on Jan 26 1933. Death is said to have occurred on the date stated above, at 12:00 m.

The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
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Other contributors causes of importance:

Date of onset 1/15/33

Name of operation None Date of

What test confirmed diagnosis? Chin 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? no If so, specify

(Signed) R. L. Lester M. D.
(Address) 503 1/2 7th St. Boonville Mo.

WHILE IN THE MEAT, WITH ONDAGING 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.

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