

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

Do not use this space.

6236

**1. PLACE OF DEATH**

County Jefferson  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 14  
Primary Registration District No. 5387

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Robert Emmitt 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 colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 8 - 1885

7. AGE YEARS 46 MONTHS 6 DAYS 12 If LESS than 1 day, .... hrs. or .... min.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Cooper Co. Mo.

10. NAME OF FATHER Frank Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) X  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jane Warren

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Sam Jones  
(Address) Windsor RFD. 2

15. FILED ..... 19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 20 1933

17. I HEREBY CERTIFY, That I attended deceased from Feb 20 1933 to Feb 23 1933 that I last saw him alive on Feb 20 1933 and that death occurred, on the date stated above, at 4:15 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Robert Emmitt Jones  
108 / 108 (duration) .... yrs. .... mos. .... ds.  
CONTRIBUTORY (SECONDARY) ..... (duration) .... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? ..... DATE OF.....  
WAS THERE AN AUTOPSY? .....  
WHAT TEST CONFIRMED DIAGNOSIS Cholera  
(Signed) T. D. Jennings, M. D.  
(Address) Windsor Mo

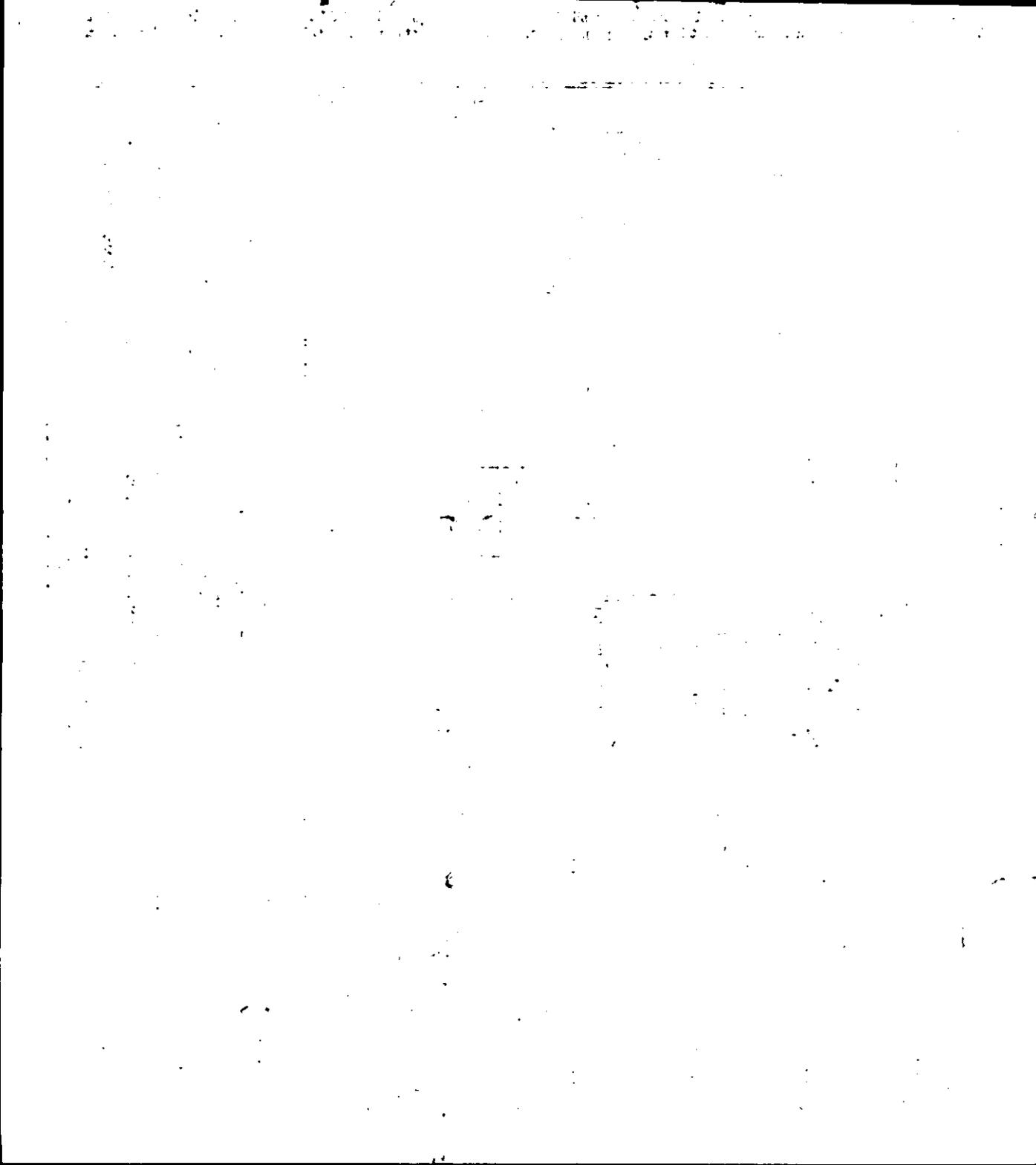
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION OR REMOVAL Holden Mo DATE OF BURIAL Feb-22 1933

20. UNDERTAKER J. J. Goodwin ADDRESS Holden 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.

1933





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