

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

Do not use this space.

8650

**1. PLACE OF DEATH**

County Butler  
Township Poplar Bluff  
City Poplar Bluff (No. ...., St. ...., Ward .....

Registration District No. 89  
Primary Registration District No. 3007

File No. ....  
Registered No. 49

**2. FULL NAME** Rose Lee Jones

(a) Residence, No. 402 South B. St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 3 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
52      5      0

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

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) Ill.

13. NAME T. G. Bailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Peamedia Hashbarger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Irene Sizemore  
(ADDRESS) 402 South B. St. Poplar Bluff

18. BURIAL, CREMATION, OR REMOVAL—  
PLACE Woodlawn DATE March 2, 1935

19. UNDERTAKER Greer Undertaking Co.  
(ADDRESS) Poplar Bluff, MO.

20. FILED Mar 10 1935 B. J. Clary  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-27, 1935, to 3-2-, 1935. I last saw her alive on 3-2, 1935. Death is said to have occurred on the date stated above, at 9 P.m.

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

Lobar pneumonia  
106 108

Date of onset

Other contributory causes of importance:

(Name of operation) ..... Date of .....  
What test confirmed diagnosis? ..... 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? .....

If so, specify .....  
(Signed) J. W. [Signature], M. D.  
(Address) Lunny Lee Hospital

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.

APR 21 1935

