

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

Do not use this space.

**1. PLACE OF DEATH**

County Ray Registration District No. 74B(743) File No. 17541  
 Township Richmond Primary Registration District No. 3035 Registered No. 7  
 City Richmond (No. 6237) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** ETHEL W 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 WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 28 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
31 2 15

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

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) Missouri

13. NAME W. H. Jones

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

15. MAIDEN NAME Jeane Albright

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

17. INFORMANT (ADDRESS) Mrs. W. H. Jones  
Chillicothe Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burkhead DATE 5/15/33

19. UNDERTAKER (ADDRESS) E. W. Jones  
Richmond Mo.

20. FILED 5-1-33 1933 E. W. Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1933

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 4:30 pm.

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

Burned to death as a result of accidental crashing in aeroplane in which he was a passenger.

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

(What test confirmed diagnosis?) \_\_\_\_\_ Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 5-13-33

Where did injury occur? near Burkhead, Ray Co. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

In a pasture to death in plane

Manner of injury Burned to death in plane

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? Yes.

If so, specify Aeroplane crash

(Signed) E. W. Jones Coroner, M. D.

(Address) Richmond 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.

JUN 23 1933

