

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

Do not use this space.

35490

1. PLACE OF DEATH

11 2 County Webster
Township Elkland
City Elkland (No. R.R.)

Registration District No. 699
Primary Registration District No. 6205

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Elkland St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 1855
7. AGE YEARS 77 MONTHS 2 DAYS 23 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) R. C.

13. NAME Samuel Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. C.

15. MAIDEN NAME Bockenhammer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) R. C.

17. INFORMANT (ADDRESS) Byron H. Jones
Elkland Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Ridge DATE 10/6 1933

19. UNDERTAKER (ADDRESS) W. H. Ringler & Co
Springfield Mo

20. FILED 1933 Emmerson Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 6 1933

I HEREBY CERTIFY That I attended deceased from July 10 1933 to Oct 1933

I last saw deceased alive on Oct 1933 Death is said

to have occurred on the date stated above, at 1:30 P.M.

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

Concussion of Face
52
52

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 _____

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) W. H. Bailey M. D.
(Address) Elkland Mo

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.

NOV 10 1933

