

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.

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Rolls
Township Spencer
City (No. _____) _____

Registration District No. 726
Primary Registration District No. 6957

File No. 6133
Registered No. 60
St. _____ Ward _____

2. FULL NAME

George Marion Jones
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) Rolls Co. Mo. (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? 1 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 Lena Belle Sims Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 06-1867
7. AGE YEARS 66 MONTHS 11 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) Feb. 17-1934 11. Total time (years) spent in this occupation 2 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

MOTHER 13. NAME John W. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky

15. MAIDEN NAME Sarah Jane Sumpter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Mo.

17. INFORMANT (ADDRESS) Lena Belle Jones

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Vincent Cemetery DATE Feb. 22-1934

19. UNDERTAKER (ADDRESS) Ray P. Schwartz

20. FILED Mar 6 1934 S. C. Caper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 20-1934

22. I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1934, to Feb. 20, 1934
I last saw him alive on Feb. 19, 1934 Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

Accidental Injury
Struck his head on
parment Highway 61
Fall from automobile

Other contributory causes of importance: None

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 2/17, 1934
Where did injury occur? Rolls Co. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fall
Nature of injury Head

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W. J. Waters M. D.
(Address) Newtown, Mo.

