

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

Do not use this space.

16417  
245

**1. PLACE OF DEATH**

County Greene Registration District No. 318  
 Township Springfield Primary Registration District No. 700  
 City Springfield (No. Baptist Hospital) St. Springfield Ward Springdale Ark

**2. FULL NAME**

(a) Residence, No. Springdale Ark St. Springdale Ark Ward Springdale Ark  
 (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 M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1917

7. AGE YEARS 17 MONTHS 3 DAYS 3 IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Driver  
 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) Ark

MOTHER FATHER  
 13. NAME Lewis E. Jones

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

15. MAIDEN NAME Matilda Rainey

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

17. INFORMANT (ADDRESS) Matilda Jackson Springfield Ark

18. BURIAL, CREMATION, OR REMOVAL PLACE Springdale Ark DATE 5-28-34 1934

19. UNDERTAKER (ADDRESS) Alpha S. Hume Springfield Mo

20. FILED May 28 1934 Springfield Mo

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1934

22. I HEREBY CERTIFY, That I attended deceased from Dead, 1934, to May 28, 1934. I last saw him alive on May 28, 1934. Death is said to have occurred on the date stated above, at 6 P m.

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

Basal Skull Fracture  
2 1/2 P.M.

Other contributory causes of importance: 7/10

Name of operation Basal Skull Fracture Date of 5-28-34  
 What test confirmed diagnosis? Basal Skull Fracture 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 5-28-34, 1934  
 Where did injury occur? Greene County - Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Basal skull fracture  
 Nature of injury Basal Skull Fracture

24. Was disease or injury in any way related to occupation of deceased? W  
 If so, specify Basal Skull Fracture  
 (Signed) Clayton George - coroner  
 (Address) Springfield 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.

