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.

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

Do not use this space.

File No. 17225

Registered No.

1. PLACE OF DEATH

County Johnson — Registration District No. 431

Township — Primary Registration District No. 3023

City Warrensburg (No. ..... St. ..... Ward)

2. FULL NAME Paul E. Jones

(a) Residence, No. 310 W. Pine St., ... Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 3, 1893

7. AGE — YEARS: 40 — MONTHS: 11 — DAYS: 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Warrensburg Mo.

FATHER

13. NAME Jim Jones

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

MOTHER

15. MAIDEN NAME Hattie White

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

17. INFORMANT (ADDRESS) Hattie Boggess 1949 N. 6th Kansas City Kan.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sunset Hill DATE May 3 1934

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service Warrensburg Mo.

20. FILED May 3, 1934 Eva Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Viewed today at inquest, 19..

I last ~~saw h~~ alive on May 1, 1934. Death is said to have occurred on the date stated above, at ..... m.

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

Wound inflicted in left eye by unknown party

175 B

Date of onset

Other contributory causes of importance:

75 Alcohol poison

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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

Accident, suicide, or homicide? homicide Date of injury May 1, 1934

Where did injury occur? Warrensburg Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. His home 310 W. Pine St.

Manner of injury unknown

Nature of injury Left eye fall ruptured and almost enucleated

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Wm R Patterson, M. D.

(Address) Warrensburg Mo

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

Johnson

17225

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Paul E Jones

Who died at _____ on May 1 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race B Single, ~~married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 40 Months 11 Days 28

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

(b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Wound inflicted in left eye by unknown

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Early

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: _____

175

Other contributory causes of importance Alcohol poison

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician Wm R Patterson

Address of physician Coroner

Registrar Eva Gentry

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours E. T. McGaugh
State Registrar

431
3023

Special Agent.

Do not know how homicidal injury was received.

S 17225

1934