

SEP 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County JasperRegistration District No. 411File No. 29766

Township

Precinct Registration District No. 2002

Registered No.

City Jasper(No. St. Johns Hospital)

St. _____ Ward)

2. FULL NAME Gloria Wiley Jones(a) Residence No. Commerce, Okla. St. _____ Ward. Commerce, Okla.

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-1-33

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

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) Okla13. NAME Cherry Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO15. MAIDEN NAME Mae Brooks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO17. INFORMANT Mae Jones (ADDRESS) Commerce Okla18. BURIAL, CREMATION, OR REMOVAL PLACE Piches, Okla DATE 8 20 19. 193419. UNDERTAKER W. W. Allen (ADDRESS) Piches, Okla20. FILED 8-20 19. 34 Ed D. James Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19 19 3422. I HEREBY CERTIFY, That I attended deceased from Aug. 1 19 34 to Aug. 19 19 34I last saw him alive on Aug. 18 19 34. Death is saidto have occurred on the date stated above, at 2 a. m.

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

Tuberculosis Meningitis Date of onset ?Other contributory causes of importance: 2 1/2 yrs 3 1/2

Name of operation _____ Date of _____

What test confirmed diagnosis? Spinal fluid Was there an autopsy? No

23. 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 _____

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

If so, specify _____

(Signed) Edith Mary Ellsworth, M.D.(Address) Piches, Okla Moody

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.

