

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. WRITE PLAINLY, WITH GRADING MARKS. THIS IS A FEMININE RECORD.

OCT 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Barry Registration District No. 30
 Township Monett Primary Registration District No. 3003
 City Monett (No. _____) St. _____ Ward _____

File No. 31882
 Registered No. 59

2. FULL NAME

Randolph Gresham Jones

(a) Residence, No. _____ St. _____ Ward _____
 (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 W 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) Mar. 30, 1931

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>3</u>	<u>5</u>	<u>13</u>	

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

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) Monett Mo.

13. NAME Lou Gresham Jones

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

15. MAIDEN NAME Wadna R. Randolph

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

17. INFORMANT R. G. Jones (ADDRESS) Monett Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 2007 DATE 9/15 1934

19. UNDERTAKER Callaway (ADDRESS) Monett Mo.

20. FILED 9-15- 1934 W. M. West Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 13 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1934, to Sept 13 1934

I last saw him alive on Sept 13 1934. Death is said to have occurred on the date stated above, at 8 P. m.

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

Pertussis
9-13-34
9-13-34
 Other contributory causes of importance: Cerebral embolus 9-13-34

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 _____, 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? No

If so, specify _____ (Signed) Ernest Mitchell, M. D.
 (Address) Monett Mo.

