

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.

OCT 25 1935

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

Do not use this space.

30209

1. PLACE OF DEATH

County New Madrid  
Township East Prairie  
City (No. \_\_\_\_\_) \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (Ward \_\_\_\_\_)

Registration District No. 567  
Primary Registration District No. 6803

File No. \_\_\_\_\_  
Registered No. 64

2. FULL NAME

William Marshall Jones

(a) Residence, No. East Prairie, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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. 20 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>5</u>	<u>28</u>	

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. Farming  
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) Henderson Co., Ky

13. NAME Richard Henry Jones

14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) W. Virginia

15. MAIDEN NAME Theresa Needer

16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Henderson Co., Ky

17. INFORMANT (ADDRESS) Mrs. Cecil Allman Murray, Ky

18. BURIAL, CREMATION, OR REMOVAL PLACE Dogwood DATE Sept. 24, 1935

19. UNDERTAKER (ADDRESS) Charles W. Shelby East Prairie, Mo.

20. FILED Sept. 20, 1935 W. H. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 16, 1935, to Sept. 18, 1935. I last saw him alive on Sept. 18, 1935. Death is said to have occurred on the date stated above, at 79 m. The principal cause of death and related causes of importance were as follows:

Accidental  
Run over by truck.

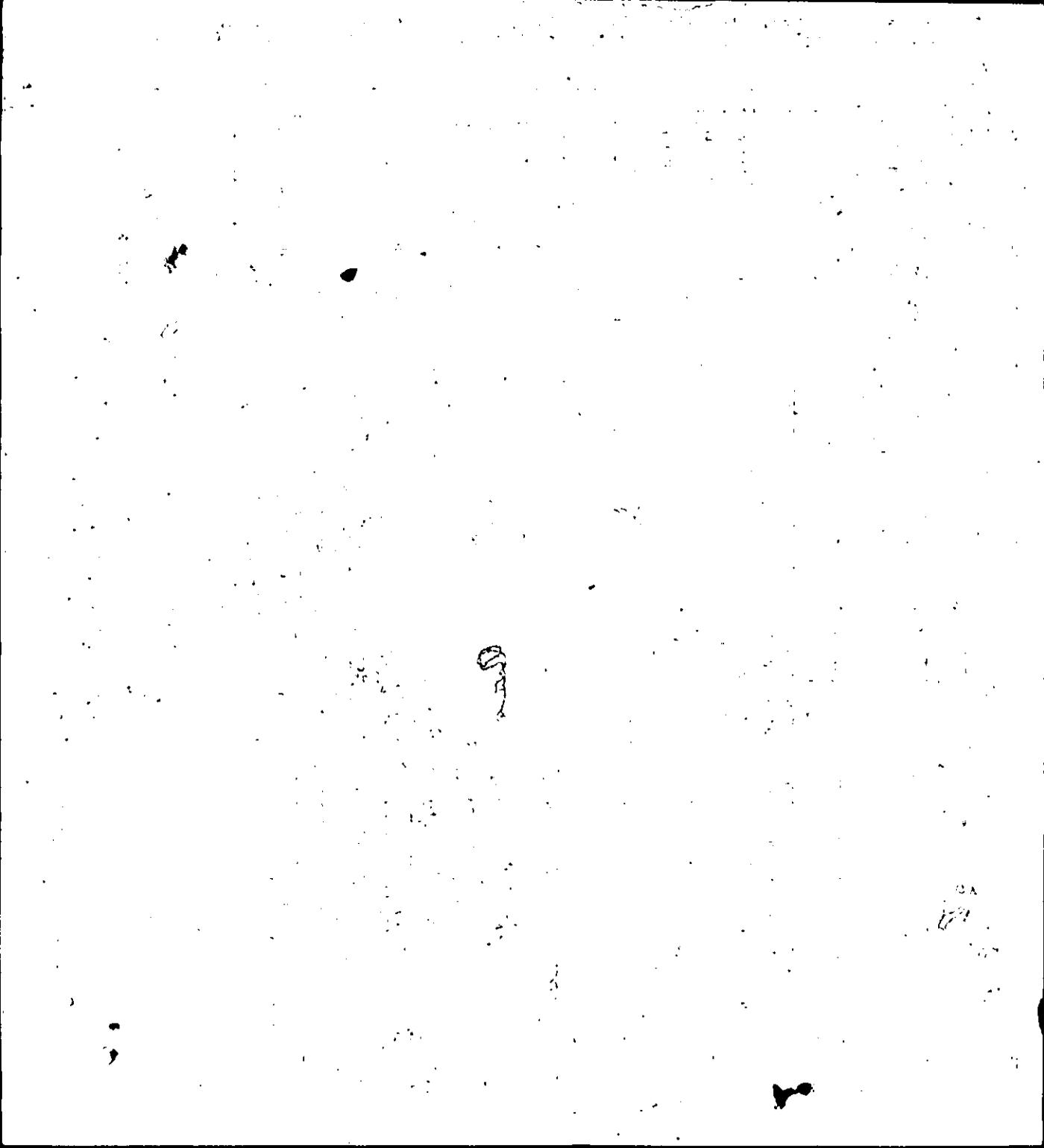
Date of onset

Other contributory causes of importance: \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Martin, M. D.  
W. H. Martin  
(Address) East Prairie, Mo.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY

**1. PLACE OF DEATH**

County New Madrid  
 Township St. John  
 City Juniata

Registration District No. 567  
 Primary Registration District No. 5803

File No. ....  
 Registered No. ....  
 St. .... Ward)

**2. FULL NAME**

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

Jim Marshall Jones

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED D. (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26 1917

7. AGE YEARS 58 MONTHS 5 DAYS 7 If LESS than 1 day, hrs. or min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED Sept 18 1938 Duff M. Hodges Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 18 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19, to ..... 19, I last saw him alive on ..... 19. 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:

Accidental Burns over by truck

Other contributory causes of importance:

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? Accident Date of injury 9/18 1938

Where did injury occur? near E. Prairie Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Road

Manner of injury run over by truck  
 Nature of injury leg to chest

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

If so, specify (Signed) S. P. Martin M. D.

(Address) E. Prairie Mo.

**EXHIBIT**

**580**

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.

S-30209

