OCT 28 1935

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

Do not use this space.

30512

1. PLACE OF DEATH
County St Francois, Registration District No. 774
Township ~~St Francois~~ Primary Registration District No. 4465
City B.T. Hospital (No. ..... St. ..... Ward)
Flat River

File No. 233
Registered No. .....

2. FULL NAME James Russell 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: Male
4. COLOR OR RACE: White
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): 11-13-1926

7. AGE: YEARS 9 | MONTHS 10 | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public school
10. Date deceased last worked at this occupation (month and year) 9-13-1935
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Flat River Mo

FATHER
13. NAME: Clarence L. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

MOTHER
15. MAIDEN NAME: Emma White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington Co Mo

17. INFORMANT (ADDRESS): Emma Jones Flat River Mo

18. BURIAL, CREMATION, OR REMOVAL: Wood Lawn Cem. DATE 9-15 1935

19. UNDERTAKER (ADDRESS): Caldwell Bros

20. FILED 10-6 1935 C B Farrar Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 13, 1935

22. I HEREBY CERTIFY, That I ~~attended deceased from~~ held inquest on deceased ~~19~~ ~~I last~~ ~~Alive~~ on Sept 13, 1935. Death is said to have occurred on the date stated above, at 5 p.m.

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

Jurys Verdict:- Death as a result of wounds received when being struck by an automobile driven by alfred Stange on Hi-way #32 ~~Date of onset~~

~~[illegible]~~: Flat River, Mo, and which said accident was unavoidable.

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

What test confirmed diagnosis? ..... 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 9-13, 1935
Where did injury occur? Public Place: Highway 32 in Flat River Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. On highway in Flat River
Manner of injury: Run over and killed
Nature of injury: by an automobile: body crushed

24. Was disease or injury in any way related to occupation of deceased?
If so, specify: Eleanor Irvine
(Signed) Coroner St Francois County
(Address) Farmington, Mo

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.

100M-11-24-33