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.

33442

NOV 26 1935

1. PLACE OF DEATH
County: Morgan
Township: Richland
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 601
Primary Registration District No. 5716

File No. .....
Registered No. 8

2. FULL NAME: Baby 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 18 1935

7. AGE: Years 0 | Months 0 | Days 2 | 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): Morgan Co Mo

FATHER
13. NAME: Jack Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Camden Co Mo

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

17. INFORMANT (ADDRESS): Albert H Phillips Glensland Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ebenezer Cem DATE: Oct 21, 1935

19. UNDERTAKER (ADDRESS): Friends

20. FILED: Oct 22, 1935 Mrs. Edwin Brauer, Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1935, to Oct 19, 1935

I last saw him alive on Oct 19, 1935. Death is said to have occurred on the date stated above, at 1/5 a m.

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

	Date of onset
Failure in closing of Botalli duct	
15 7 d	

Other contributory causes of importance:

Name of operation ✓ Date of ..... No
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) Chas A Frech, M. D.
(Address) Stover Mo