

Apr 14 1936

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

Do not use this space.

19049

1. PLACE OF DEATH  
 County Dunklin Registration District No. 287  
 Township Clay Primary Registration District No. 5405  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lonie Dee 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1910

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
25 8 16

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common laborer  
 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) Mo.

FATHER  
 13. NAME William Thomas Jones  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Genoa

MOTHER  
 15. MAIDEN NAME Mary Luella Bennett  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Mary Luella Jackson Bennett St. 2  
 (ADDRESS)  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty DATE 4/11 1936

19. UNDERTAKER Balwin Funeral Home  
 (ADDRESS) Raymond, Mo.

20. FILED M/21 1936 E. D. Cape  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Unattended by Physician, 1936  
 I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 1936. Death is said to have occurred on the date stated above, at 9:30 a. m.  
 The principal cause of death and related causes of importance were as follows:  
by being struck by an automobile  
driving truck, accidentally,  
knocked down + killed. (Date of onset \_\_\_\_\_)

Other contributory causes of importance: 210M

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, March 27, 1936  
 Where did injury occur? Dunklin County, Missouri  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Public Place  
 Manner of injury Struck by truck  
 Nature of injury Fracture of skull + most bone

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) T. J. Rigdon Carnahan, M. D.  
 (Address) Raymond, Mo.

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.

