N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st[illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa[illegible]

JUL 21 1936

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

Do not use this space.

10383-a

1. PLACE OF DEATH
County Aswell
Township Goldsberry
City Mt View Mo (No. ..... St. ..... Ward)
Registration District No. 383
Primary Registration District No. 55-34
File No. .....
Registered No. .....

2. FULL NAME Richard V. Jones
(a) Residence, No. 608 Grand St., 2nd Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 5 mos. 5 ds. 28 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 10 1869 ~~Aug. 16, 1872~~
7. AGE YEARS 67 MONTHS 1 8 DAYS 21 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Engineer
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) Woodbine, Ill. Country

FATHER
13. NAME John Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales

MOTHER
15. MAIDEN NAME Ellen —
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales.

17. INFORMANT (ADDRESS) Mrs R. V. Jones 608 Grand Ames Iowa
18. BURIAL, ~~CREMATION~~, OR REMOVAL PLACE Woodbine Ill. DATE Apr 3 1936
19. UNDERTAKER (ADDRESS) John F. Duncan Mountain View Mo
20. FILED 7-9 1936 G. W. Wingham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 31, 1936, to Death 3-31 1936
I last saw him alive on 3-31, 1936 Death is said to have occurred on the date stated above, at 11:40 a.m.
The principal cause of death and related causes of importance were as follows:
Homicide by shooting lived 30 min. after being shot twice

Date of onset

Other contributory causes of importance:

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Name of operation Drone Date of
What test confirmed diagnosis? Physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Homicide Date of injury 3-31, 1936
Where did injury occur? on sidewalk Mt View Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public place
Manner of injury Shooting
Nature of injury Homicide

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) C. R. Terrill, M. D.
(Address) Mt. View Mo.