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

JUL 18 1936

Do not use this space.

22368

1. PLACE OF DEATH

County: Cole — Registration District No.: 211

Township: Marion — Primary Registration District No.: 5291

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No.: 15

2. FULL NAME: William 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
65			

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Cole County, Mo.

FATHER

13. NAME David Jones

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

MOTHER

15. MAIDEN NAME Nannie Rakes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

17. INFORMANT (ADDRESS) E.D. Jones Henley, Mo. R.F.D.#2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Old City Cemetery DATE June-29- 1936

19. UNDERTAKER (ADDRESS) Shan G. Gordon Jefferson City Mo.

20. FILED 6-29 1936 H.H. Leach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26- 1936

22. I HEREBY CERTIFY, That I attended deceased from 9 last not attended deceased 19 ..., 19 ...

I last saw h..... alive on ....., 19..... 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:

	Date of onset
Suicide	
Fractures & Contusions	
Received	

Other contributory causes of importance:

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? Suicide Date of injury 6-26, 1936

Where did injury occur? Elston Cole Mo
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. County Home

Manner of injury Hung himself in barn

Nature of injury Received Fractures & Contusions

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Dr. R. E. Wheeler Coroner

(Address) Russellville Mo