JUL 23 1936

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

Do not use this space.

23366

1. PLACE OF DEATH
County Laclede
Township Lebanon
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 449
Primary Registration District No. 5709

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

2. FULL NAME Gemma Rae 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 F
4. COLOR OR RACE W
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) Aug 6th 1935

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	10	23	

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) Laclede Co.
(STATE OR COUNTRY) Mo.

FATHER
13. NAME Will J. Jones
14. BIRTHPLACE (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.

MOTHER
15. MAIDEN NAME Minnie Bangert
16. BIRTHPLACE (CITY OR TOWN) Laclede Co.
(STATE OR COUNTRY) Mo.

17. INFORMANT W. J. Jones
(ADDRESS) Lebanon R. 4.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lebanon Mo. DATE June 30 1936

19. UNDERTAKER Palmer
(ADDRESS) Lebanon

20. FILED 7-3-1936 J. A. McCourt
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 29th, 1936, to June 29th, 1936
I last saw her alive on June 29th, 1936. Death is said to have occurred on the date stated above, at ..... m.
The principal cause of death and related causes of importance were as follows:

Cholera Infantum — Date of onset 6/27/36

Other contributory causes of importance

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? ..... 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? .....
If so, specify .....
(Signed) P. Thompson, M. D.
(Address) Lebanon, 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.