

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.

JUL 17 1936

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

Do not use this space.

25753

1. PLACE OF DEATH

County Banders
 Township Osage
 City Camdenton

Registration District No. 117
 Primary Registration District No. 5767

File No. 22
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

Hiram Robert 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie English Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 9 - 1870</u>		
7. AGE	YEARS <u>65</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Doctor</u>	
	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) <u>Rolls Co. Mo</u>		
FATHER	13. NAME <u>John H Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Herring</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u>	
17. INFORMANT <u>Lizzie Decker (sister)</u> (ADDRESS) <u>Camdenton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Roch Cem.</u> DATE <u>July 4 36</u>		
19. UNDERTAKER <u>Obie Woolery</u> (ADDRESS) <u>Camdenton Mo</u>		
20. FILED <u>July 10 1936</u> <u>Lizzie Decker</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3 1936

22. I HEREBY CERTIFY That I attended deceased from May 1 1936 to July 3 1936
 I last saw him live on July 3 1936 Death is said to have occurred on the date stated above, at 10 P. M.
 The principal cause of death and related causes of importance were as follows:
Progressive Muscular Atrophy Date of onset 35

Other contributory causes of importance:
None

Name of operation None Date of no
 What test confirmed diagnosis? Phys signs Was there an autopsy? no

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 none
 (Signed) E. C. Lambson, M. D.
 (Address) Camdenton Mo

