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.

AUG 28 1936

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

Do not use this space.

29545

File No. 35-[illegible]

Registered No.

1. PLACE OF DEATH
County Stoddard
Township ~~Dist.~~ [illegible]
City Stelton Rt 0 (No. , St. Ward)

Registration District No. 838
Primary Registration District No. 6098 B

2. FULL NAME Herbert Jerry 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) July 2, 1935

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	0	29	

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) (STATE OR COUNTRY) Stoddard Co., Mo.

FATHER
13. NAME Herbert Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leeton, Mo.

MOTHER
15. MAIDEN NAME Athena Gillim
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo.

17. INFORMANT Herbert Jones
(ADDRESS) Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter, Mo. DATE 8/1/36 , 19

19. UNDERTAKER Blankenship-Strickland
(ADDRESS) Dexter, Mo.

20. FILED 8-10 , 1936 Alice L. Norman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/31/36 , 19

22. I HEREBY CERTIFY, That I attended deceased from 7-30 , 1936 to 7/31 , 1936

I last saw h~~im~~er alive on 7/31 , 1936 Death is said to have occurred on the date stated above, at 8:25 am m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cholerahea	
Infarctum	7/30/36
1198	

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? No
If so, specify
(Signed) L. S. Stearns , M. D.
(Address) Dexter Mo