

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

30616

## 1. PLACE OF DEATH

County Greene Registration District No. 318  
 Township..... Primary Registration District No. 2001  
 City Springfield (No. 1143 No. National Avenue, St. .... Ward)

File No. ....

Registered No. 7402. FULL NAME Lester Bert Jones,

(a) Residence, No. 1143 No. National St. .... Ward. (If nonresident, give city or town and State)  
 (Usual place of abode)

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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 30, 1935

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
8 28

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. child  
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) Missouri.

13. NAME Alexander Jones

14. BIRTHPLACE (CITY OR TOWN) Galloway, Missouri  
 (STATE OR COUNTRY)

15. MAIDEN NAME Pearl Bateman

16. BIRTHPLACE (CITY OR TOWN) Sparta, Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Alexander Jones  
 (ADDRESS) 1143 No. National, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Galloway, Mo. DATE 8/30/36 19.

19. UNDERTAKER H. H. Lohmeyer  
 (ADDRESS) Springfield, Missouri.

20. FILED 8-30-36 Chas A George  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/28 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1936 to Aug 28 1936

I last saw him alive on Aug 27 1936 Death is said to have occurred on the date stated above, at 9 A. m.

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

Typhoid fever Date of onset

Other contributory causes of importance: 1

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) W. W. Burke M. D.

(Address) 410 Hadriuff Bldg.

N. B. Every return or 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.

SEP 21 1936

