

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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.

NOV 4 1936

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

Do not use this space.

32026-1

1. PLACE OF DEATH

County Ralls
Township Sareston
City R.F.D. New London (No. no.)

Registration District No. 726
Primary Registration District No. 15879

File No.
Registered No.
St. Ward)

2. FULL NAME

Olin Jones

(a) Residence, no. R.F.D. New London St. no. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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) July-1-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
40 1 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. no occupation
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) Ralls County mo.

FATHER
13. NAME C. A. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County mo.

MOTHER
15. MAIDEN NAME Mary Hudson Pilla

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jawa

17. INFORMANT C. A. Jones (ADDRESS) R.F.D. New London no.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE Aug-31 1936

19. UNDERTAKER O'Donell Funeral Home (ADDRESS) New London no.

20. FILED Oct 3 1936 Blanda Merson Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1936, to Aug 29, 1936. I last saw him alive on Aug 29, 1936. Death is said to have occurred on the date stated above, at 1:30 a.m. The principal cause of death and related causes of importance were as follows:

Arthritis deformans Date of onset

Other contributory causes of importance: Heat exhaustion

Name of operation no 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) O. M. Anderson M. D. (Address) Frankford, Mo.

