OCT 21 1936

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

Do not use this space.

34803

1. PLACE OF DEATH
County: Johnson
Township: Madison
City: Holden (No. ..... St. ..... Ward)
Registration District No. 427
Primary Registration District No. 4253
File No. 39
Registered No. .....

2. FULL NAME: Thomas Glenn 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: Male
4. COLOR OR RACE: White
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): Nov 20-1915

7. AGE: Years 20 | Months 10 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
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): Johnson County Missouri

FATHER
13. NAME: T. H. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER
15. MAIDEN NAME: Loretta Morris
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): T. H. Jones Springfield Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Holden DATE: Sept 27, 1936

19. UNDERTAKER (ADDRESS): T. H. Goodman Holden Mo.

20. FILED: Sept 26, 1936 Mrs G. U. Redford Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Injured by auto, lived ....., 19.... Coroner inquest ....., 19.... I last saw him ..... alive on ....., 19.... Death is said to have occurred on the date stated above, at 6:40 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage of brain and skull fracture	
Traumatic	

Other contributory causes of importance:

Name of operation: none Date of: —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury: Sept 25 1936
Where did injury occur? Lutz Lines Holden Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: Auto Crash
Nature of injury: Hemorrage in brain from wound + shock
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) Jno L Patterson, M. D.
(Address) Warrensburg 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.

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

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