

DEC 18 1936

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

Do not use this space.

37074

1. PLACE OF DEATH

County Christian Registration District No. 185-
Township Sparta Primary Registration District No. 4111
City Sparta (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-8-1936</u>		
7. AGE YEARS	MONTHS	DAYS
	<u>2</u>	<u>9</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this 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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta, Mo

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oren C Jones Mo15. MAIDEN NAME Opal Stevens16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Oren C Jones (ADDRESS) Sparta, Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Garrison DATE Oct. 17 193619. UNDERTAKER Pat. bun mil co. (ADDRESS) Sparta, Mo20. FILED 12-11 1936 Josephine Merritt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 193622. I HEREBY CERTIFY, that I attended deceased from Oct 1st 1936 to Oct 17th 1936I last saw him alive on Oct 17- 1936 Death is saidto have occurred on the date stated above, at 7:30 a.m.

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

Acute EnteritisMilk infection

Other contributory causes of importance

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. 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 _____

(Signed) J. H. Jones, M. D.(Address) Sparta, Mo

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.

