DEC 3 1936

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

Do not use this space.

38100

1. PLACE OF DEATH
County: Jefferson
Township: Meramec
City: (No. ..., St. ..., Ward)
Registration District No. 420
Primary Registration District No. 3022
File No.
Registered No.

2. FULL NAME: Gladys Ruth Jones
(a) Residence, No. Hematite R.R. #1 St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 13 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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): Aug. 31 1913

7. AGE: Years 23 | Months 1 | Days 5 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Invalid
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): Hematite Route 1 Mo.

FATHER
13. NAME: Joseph D. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dade Co. Mo.

MOTHER
15. MAIDEN NAME: Emma Waters
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Johnson Johnson

17. INFORMANT (ADDRESS): Joseph D. Jones Hematite Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Hematite DATE: Oct 8 1936
19. UNDERTAKER (ADDRESS): Donnelly Bolstine Barnhart
20. FILED Oct 12 1936 May Pundergast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept-29, 1936, to Oct-6-1, 1936
I last saw her alive on Oct-6- 1936. Death is said to have occurred on the date stated above, at 6:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Deflammation of Spinal Cord	
not known	

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) Hallie C. Gibson, M. D.
(Address) Leadwood, Mo

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.