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.

FEB 28 1937

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

Do not use this space.

45713

1. PLACE OF DEATH
County Pemiscot
Township Cooter
City " (No. , St. Ward)

Registration District No. 456
Primary Registration District No. 5873

File No.
Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE no
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-4-1936

7. AGE Years 6 Months 10 Days 26 If LESS than 1 day, hrs. or min.

OCCUPATION
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. —
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) Micola Mo

FATHER
13. NAME Noah Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ridgley Tenn

MOTHER
15. MAIDEN NAME Pauline Dooley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Braggodocia Mo

17. INFORMANT (ADDRESS) Pauline Martin Steele Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE 12-31 1936

19. UNDERTAKER (ADDRESS) Gennaymudt Co Steele Mo

20. FILED 2-8 1937 Tom Bigener Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-30-1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1936, to Dec 30, 1936
I last saw him alive on Dec 30, 1936. Death is said to have occurred on the date stated above, at 4 a.m.
The principal cause of death and related causes of importance were as follows:

Food Poisoning

Date of onset

Other contributory causes of importance:
Acute Nephritis, Pleurisy

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) L. E. Cooper, M. D.
(Address) Cooter, Mo.