

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.

MAR 25 1937

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

Do not use this space.

1. PLACE OF DEATH
 County Randolph Registration District No. 795
 Township Wesley Primary Registration District No. 2094
 City Wesley (No. _____) St. _____ Ward _____

2. FULL NAME Donald Ray Jones
 (a) Residence, No. 504 - Marehead 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. 6 mos. 4 ds. (How long in U.S., if of foreign birth?) yrs. _____ mos. _____ ds. _____

File No. 7782
 Registered No. 43

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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) 7/22/36

7. AGE YEARS ✓ MONTHS 6 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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) Wesley, Randolph Co. Mo.

13. NAME Harriette Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marehead, Mo.

15. MAIDEN NAME Geldie Howell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marehead, Mo.

17. INFORMANT Henny Howell (ADDRESS) 1114 Wesley Wesley

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesley DATE Feb 12 1937

19. UNDERTAKER Frank Thompson (ADDRESS) Wesley

20. FILED 7/12 1937 Virginia Elder Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1937

22. I HEREBY CERTIFY, that I attended deceased from Feb. 11 1937 to Feb 11 1937
 I last saw him alive on Feb. 11 1937 Death is said to have occurred on the date stated above, at 12 noon
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Feb 11 1937

Other contributory causes of importance: 107

Name of operation no Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (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) R. E. Huber _____, M. D.
 (Address) Wesley, Mo.

107a

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

Do not use this space.

1. PLACE OF DEATH

County Randolph
Township ..
City Moberly (No.)

Registration District No. 7351
Primary Registration District No. 3034

File No. 7782
Registered No.
St. Ward)

2. FULL NAME

Donald Ray 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1937

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw him alive on

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
		<u>6</u>	<u>19</u>	

to have occurred on the date stated above, at m.

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

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

Bronchial pneumonia Date of onset

no complications

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

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

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

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

19. UNDERTAKER (ADDRESS)

20. FILED Feb 12 1937 Virginia Walker Registrar.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) L. E. Huber, M. D.

(Address) Moberly Mo

Ethel Cluton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTAL

5-7952