FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Vernon
Township: West
City: (No. , St. Ward)

Registration District No. 875
Primary Registration District No. 6162

File No. 9226
Registered No. 48

2. FULL NAME Guy L. Jones
(a) Residence, No. State Hospital St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 9 yrs. 3 mos. 18 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) Aug. 29, 1865

7. AGE: Years 51 Months 5 Days 11 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. chronic invalid
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) La.

FATHER
13. NAME W. W. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

MOTHER
15. MAIDEN NAME Clara Hufford
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.

17. INFORMANT (ADDRESS) Mrs Clara Frazer Eldorado Springs

18. BURIAL, CREMATION, OR REMOVAL
PLACE Eldorado Spgs DATE Feb. 10 1937

19. UNDERTAKER (ADDRESS) Mafes Funeral Home Eldorado Spgs Mo

20. FILED 2-9 1937 M. Eichinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1, 32 1929, to Feb. 9 1937
I last saw him alive on 1 1 1937. Death is said to have occurred on the date stated above, at 6:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Huntington's chorea	1922

108

Other contributory causes of importance:

Lobar pneumonia	1 wk.

Name of operation none 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? 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) T. T. O'Dell M. D.
(Address) Nevada 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

1 X7284