

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

114 County Wright
Township Union
City..... (No.....)

Registration District No. 949
Primary Registration District No. 6225

File No. 9343
Registered No. 157

2. FULL NAME

Vernon Lee Jones
(a) Residence, No. Vernon, 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 M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9 37

7. AGE YEARS MONTHS DAYS 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), Arross Spring Mo (STATE OR COUNTRY)

FATHER 13. NAME Waldridge Jones

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

MOTHER 15. MAIDEN NAME Ressie Moore

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

17. INFORMANT J. V. Howell (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cuba DATE Feb 10 1937

19. UNDERTAKER R. M. Garner (ADDRESS)

20. FILED Mar 9 1937 C. N. Howell 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 Feb 9 1937, to Feb 9 1937

I last saw him alive on Feb 9 1937, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Stell Perin

Date of onset

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?.....
If so, specify..... (Signed) J. V. Howell, M. D.
(Address) Arross Spring Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

