

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Miller Registration District No. 561
Township _____ Primary Registration District No. 4330
City Edson (No. _____) St. _____ Ward _____

File No. 12641
Registered No. 16

2. FULL NAME Roscoe 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
32 7 22

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) Sellersville Missouri

13. NAME O. L. Jones

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

15. MAIDEN NAME Martha Dickens

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

17. INFORMANT Martha Jones
(ADDRESS) Edson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Edson DATE 3-28-37

19. UNDERTAKER Phillips Funeral Home
(ADDRESS) Edson, Mo.

20. FILED 3-28-1937 Belle Haynes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 3/26, 1937
I last saw him alive on 3/26, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Double Lobar pneumonia 3/24/37

Other contributory causes of importance: 105

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) G. D. Walker, M. D.

(Address) Edson, Mo.

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

