

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

Do not use this space.

1. PLACE OF DEATH **10/10/1937**  
 County **Jackson** Registration District No. **599**  
 Township **Raw** Primary Registration District No. **100**  
 City **Raymond** (No. **Front 815 Sulp. Ave.**) St. **9** Ward **1**  
 2. FULL NAME **Jones**  
 (a) Residence, No. **1511 8th** 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.

File No. **22809**  
 Registered No. **2655**

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **M** 4. COLOR OR RACE **col** 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) **Oct 12 1882**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
**47 55- Const. or min.**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Porter**  
 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 \_\_\_\_\_

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/20/37** 19\_\_\_\_  
 22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_  
 I last saw him alive on \_\_\_\_\_ 19\_\_\_\_ Death is said to have occurred on the date stated above, \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
**Amputation of the Chest 173**  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
 13. NAME **Unknown**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
 15. MAIDEN NAME **Unknown**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
 17. INFORMANT (ADDRESS) **Parson Jackson County Mo.**  
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Blue Ridge** DATE **6/17/37**  
 19. UNDERTAKER (ADDRESS) **Carroll - Emp. & Trans. 6/119 6th St. P.M. Recd.**  
 20. FILED **6/17 1937 M. M. Conroy** Registrar.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis **Autopsy** Was there an autopsy? \_\_\_\_\_  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide **Homicide** Date of injury **5/28/37**  
 Where did injury occur? **815 Sulp Ave. Raymond** Specify city or town, county, and State  
 Specify whether injury occurred in industry, in home, or in public place. **In the place**  
 Manner of injury **Struck by beams**  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) **[Signature]** \_\_\_\_\_, M. D.  
 (Address) **[Address]**

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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