

JUL 3 0 1937

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

Do not use this space.

1. PLACE OF DEATH

County Macon Registration District No. 533
Township Hudson Primary Registration District No. 5713
City (No.) St. Ward

File No. 24222
Registered No. 53

2. FULL NAME

Thomas Herald Jones

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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) S -

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 20 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 16

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) Macon Mo

13. NAME Orva Jones

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

15. MAIDEN NAME Roberta Ellis

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

17. INFORMANT (ADDRESS) Orva Jones
Macon Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Berea Co DATE June 7 1937

19. UNDERTAKER (ADDRESS) Albert Sklar
Macon Mo

20. FILED 6/10 1937 Leola Henderson
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6 1937

I HEREBY CERTIFY That I attended deceased from May 25 1937 to June 6 1937

I last saw him alive on June 6 1937. Death is said to have occurred on the date stated above, at 7:25 p.m.

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

Cerebral meningitis,
acute
causative organism
not isolated

Date of onset
5/25/37

Other contributory causes of importance:

Name of operation NA Date of NA
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?
If so, specify

(Signed) J. P. Snow M. D.
Macon Mo
(Address)

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

