JUL 31 1937

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

Do not use this space.

24971

1. PLACE OF DEATH
County Saline Registration District No. 796 File No.
Township Primary Registration District No. 3038 Registered No. 114
City Marshall Mo (No. Mo. State School, Marshall Ward)

2. FULL NAME Bonnie Lou Jones
(a) Residence, No. 2500 Montgall St., Kansas City Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 22 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
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) 10-27-1927
7. AGE YEARS 9 MONTHS 7 DAYS 27 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. custodial case
10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co Mo

FATHER
13. NAME Willie Alvin Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jeffersonville Ind.

MOTHER
15. MAIDEN NAME Lietta May Dunn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rochester Ill.

17. INFORMANT (ADDRESS) State School Record Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Kansas City Mo DATE 6-28 1937

19. UNDERTAKER (ADDRESS) Short & Ullrary Marshall Mo.

20. FILED 6-26-1937 Mary Kent Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26 1937

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to June 26, 1937
I last saw her alive on June 26, 1937. Death is said to have occurred on the date stated above, at 1 a m.
The principal cause of death and related causes of importance were as follows:

Dysentery - bacillary

Date of onset

157a

Other contributory causes of importance:
Hydrocephalis & Idiocy

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) N. K. Pope, M. D.
(Address) Marshall Mo.

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.