

SEP 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Phelps
Township
City Rolla

Registration District No. 677
Primary Registration District No. 4403

File No. 31474
Registered No. 115
St. Ward

2. FULL NAME

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dorothy Baker Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19, 1910
7. AGE YEARS 27 MONTHS 7 DAYS 18 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe factory worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. worker
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) Sept - 7, 1937
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:29 a m.
The principal cause of death and related causes of importance were as follows:
 masked skull and mandible left arm by heavy hit on the Frisco RR tracks 1/4 mile east of Rolla on main track
Other contributory causes of importance: 2070m

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? accident Date of injury 9-7, 1937
Where did injury occur? 1/4 mile east of Rolla Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
 on Frisco RR tracks
Manner of injury by mandible body
Nature of injury on RR tracks

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Oral E. Dicklieter, Coroner
(Address) St James Mo

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.

31
2
4

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OCCUPATION
FATHER
MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co. Missouri
13. NAME Russell Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co. Mo
15. MAIDEN NAME Josephine Leadbetter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Maries Co. Missouri
17. INFORMANT Mrs Josephine Wagner
(ADDRESS) Rolla Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Rolla DATE Sept 8, 1937
19. UNDERTAKER Mrs. Harry McCaw
(ADDRESS) Rolla Mo
20. FILED Sept 8, 1937 Jas. F. Ayer
Registrar.

