OCT 15 1937

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

Do not use this space.

1. PLACE OF DEATH
County Audrain
Township ~~Saltriver~~
City Mexico Mo
Registration District No. 26
Primary Registration District No. 3002
(No. Audrain Hospital St. Ward)
File No. 33547
Registered No. 147

2. FULL NAME Robert Wesley Jones
(a) Residence, No. 600 W. Pearson 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 22, 1917
7. AGE: 19 YEARS, MONTHS: 9, DAYS: 7, If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mexico Refractories Co
10. Date deceased last worked at this occupation (month and year) Sept 29, 37
11. Total time (years) spent in this occupation I

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico, Mo.

FATHER
13. NAME Charles Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Minnie Terry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

17. INFORMANT (ADDRESS) Richard Neal Mexico, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood Cemetery DATE 10-1- 1937
19. UNDERTAKER (ADDRESS) H. A. Precht & Son Mexico, Mo.
20. FILED Oct 1 1937 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 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 ..... m.
The principal cause of death and related causes of importance were as follows:
by being accidentally caught and crushed in a screw conveyor at the Mexico Refractories Co, plant on Sep. 29, 1937, while there employed.
Date of onset
Other contributory causes of importance: 205g
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9-29, 1937
Where did injury occur? Mexico Refractories Co. Mexico, Audrain County, Missouri.
Specify whether injury occurred in industry, in home, or in public place. industry
Manner of injury crushed in conveyor machine
Nature of injury lower body crushed
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) B M Maslow 4 ~~M.D.~~
(Address) Coroner Audrain Co 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.