

OCT 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Greene
Township Wrenton
City Wrenton (No.)

Registration District No. 328
Primary Registration District No. 5459

File No. 34312
Registered No. Ward

2. FULL NAME

Virgil Trout Jones
(a) Residence, No. Wrenton Mo Route #2 Ward
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 21 1937

7. AGE YEARS MONTHS DAYS If LESS than a day, hrs. or min.
 3 13

OCCUPATION
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) Wrenton, Mo13. NAME Charles Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hickory, Mo15. MAIDEN NAME Odessa Cornwall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greene County17. INFORMANT Char. Jones (ADDRESS) Wrenton, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Skinner Cemetery DATE Sept. 3 1937

19. UNDERTAKER Hemley Funeral Home (ADDRESS) Wrenton, Mo20. FILED 9-4-37 Frene D Fair Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 3 193722. I HEREBY CERTIFY, That I attended deceased from August 20 1937 to Sept 3 1937

I last saw alive on Sept 3 1937 Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Gastro-Enteritis Date of onset 9-18-37

Other contributory causes of importance: None knownName of operation None Date of What test confirmed diagnosis? None 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? NoIf so, specify (Signed) J. J. Fair M. D.(Address) Wrenton, 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.

