

OCT 22 1937

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

Do not use this space.

34883

1. PLACE OF DEATH

County Newton

Registration District No. 609

File No. _____

Township _____

Primary Registration District No. 4303

Registered No. 96

City Neosho (No. Sal Hospital)

St. _____ Ward _____

2. FULL NAME

Infant Daughter of Mr. & Mrs. Roy Jones.

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 31 - 1937

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant

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) Neosho Missouri

13. NAME Roy Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newton County Missouri

15. MAIDEN NAME Mable Hill

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Law City Oklahoma

17. INFORMANT (ADDRESS) Roy Jones Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Trinity Mo. DATE Sept. 1 1937

19. UNDERTAKER (ADDRESS) Corley Thompson Neosho, Mo.

20. FILED 9-14 1937 6 enalasaak Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 30 1937, to Aug 31 1937

I last saw him alive on Aug 31 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Premature 6 months Congenital heart

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Other contributory causes of importance: long trip in car

Name of operation none Date of _____

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) W.P. Bowman, M. D. (Address) Neosho, 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.

