

JAN 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Caldwell  
Township Home  
City Hamilton (No. \_\_\_\_\_)

Registration District No. 96  
Primary Registration District No. 3748

File No. 44883  
Registered No. 40  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME William Robert 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 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 Mary J. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9-1968

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69- 1 8

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. Farmer  
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) Missile Mo

13. NAME Jasper Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mary Josephine Jones Hamilton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE ingator Mo DATE Dec 19 1937

19. UNDERTAKER (ADDRESS) Reinbold & Clark Hamilton Mo

20. FILED Dec 18 1937 Marie Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 1937, to Dec 19 1937  
I last saw him alive on Dec 15 1937. Death is said to have occurred on the date stated above, at 11 P.M.  
The principal cause of death and related causes of importance were as follows:

Central Anoxia Date of onset Mar 1937

Other contributory causes of importance: 8501

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis? Physiologic 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 \_\_\_\_\_, 1937

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? no  
If so, specify \_\_\_\_\_  
(Signed) J. G. Boussan M.D.  
(Address) Hamilton 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.

