CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

1. PLACE OF DEATH
County: Carroll — Registration District No.: 135 — File No.: 2327
Township: — Primary Registration District No.: 3010 — Registered No.: 9
City: Carrollton (No. ..... St. ..... Ward)

2. FULL NAME: Evelyn Drusella Jones 5.0

(a) Residence, No. ..... St., ... Ward ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED, WIDOWED,~~ OR ~~DIVORCED~~ (write the word): S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 7 1932

7. AGE: YEARS 5 — MONTHS 6 — DAYS 13 — If LESS than 1 day, ... hrs. or ..... min.

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.: Child
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): Mt Sterling Kentucky

FATHER
13. NAME: Floyd S Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Owingville Bath Co Ky

MOTHER
15. MAIDEN NAME: Minnie Mildred Holmes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Elia Manitoba Canada

17. INFORMANT (ADDRESS): Floyd S Jones Waverly Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: State City Cemetery — DATE: Jan 22 1938

19. UNDERTAKER (ADDRESS): Jones & Fuller Slater Mo

20. FILED: 1-21 1938 — Ruth Haskins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 20 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1937, to Jan 20 1938
I last saw her alive on Jan 26 38 19.. Death is said to have occurred on the date stated above, at 3:30 pm.
The principal cause of death and related causes of importance were as follows:
Burned to death.

Date of onset

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Other contributory causes of importance:

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 1-20, 1938
Where did injury occur? in country
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
at home in yard.
Manner of injury: clothes caught fire from
Nature of injury: open fire in yard

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R M Burman, M. D.
(Address) Carrollton Mo