REC'D MAR 23 1938

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

Do not use this space.

File No. 7788

Registered No. 23

1. PLACE OF DEATH
County: Phelps
Registration District No. 677
Primary Registration District No. 4403
Township:
City: Rolla (No. , St. Ward)

2. FULL NAME: Lohr Lee Jones 529
(a) Residence, No. Rolla 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): [illegible]

7. AGE: YEARS 53 | MONTHS | DAYS | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Laborer
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): Paris Mo. Texas

FATHER
13. NAME: Wm. Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ga

MOTHER
15. MAIDEN NAME: Lora Wagers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs May Jones Rolla Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Rolla DATE: 2/6 1938

19. UNDERTAKER (ADDRESS): Russell Bros. Rolla Mo

20. FILED Feb 6 1938 Jos. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1937, to Feb. 4, 1938
I last saw h. on alive on Feb. 4, 1938. 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:

	Date of onset
Acute Nephritis	
92 hr	
Other contributory causes of importance:	
Not. Reg.	Unk.

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? 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? No
If so, specify:
(Signed): Geo W. Hanson, M. D.
(Address): Rolla 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.