

REC'D MAR 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County ShelbyRegistration District No. 677File No. 7788Township RollerPrimary Registration District No. 4403Registered No. 23City Roller (No. _____) St. _____ Ward _____2. FULL NAME John Lee Jones 529(a) Residence, No. Roller U. S. _____ 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 M4. COLOR OR RACE Wh5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lillie6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 12 1885

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

53

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) Norris Pa. Penna

FATHER

13. NAME Wm Jones14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa

MOTHER

15. MAIDEN NAME Bona Wagner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa17. INFORMANT (ADDRESS) Mrs May Jones

18. BURIAL, CREMATION, OR REMOVAL

PLACE RollerDATE 2/6 193819. UNDERTAKER (ADDRESS) Roller20. FILED Feb 6 1938Feb 7 1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4 193822. I HEREBY CERTIFY, That I attended deceased from Sept 1 1937 to Feb 4 1938I last saw him 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:

Acute Nephritis

Date of onset

92 hr

Other contributory causes of importance:

Met. Rig.10 K.

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. Flaxton, M. D.(Address) Roller Mo.

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This ensures transparency and allows for easy verification of the data.

In the second section, the author details the various methods used to collect and analyze the data. This includes both manual and automated processes. The goal is to ensure that the data is as accurate and reliable as possible.

The third section provides a detailed breakdown of the results. It shows that there is a significant correlation between the variables being studied. This finding is supported by statistical analysis and is consistent with previous research in the field.

Finally, the document concludes with a summary of the key findings and some recommendations for future research. It suggests that further studies should be conducted to explore the underlying mechanisms of the observed relationships.