

REC'D JUL 22 1938

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

Do not use this space.

22417

1. PLACE OF DEATH

County Marion Registration District No. 547 File No. _____
Township Marion Primary Registration District No. 3029 Registered No. 167
City Hannibal (No. St. Elizabeth Hospital) St. _____ Ward _____

2. FULL NAME

Terry Ray Jones 520
(a) Residence, No. Warren, Missouri 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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24, 1924
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 0 0 0

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.
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 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hannibal Mo

13. NAME Estil Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emden Mo

15. MAIDEN NAME Shirley O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Mo

17. INFORMANT Mr. Estil Jones
(ADDRESS) Warren, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Burial Park DATE 5-24-38

19. UNDERTAKER James D. Connel
(ADDRESS) Hannibal Mo.

20. FILED June 7, 1938 N. C. Greider
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from May 24, 1938 to May 24, 1938
I last saw him live on, 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:

Still born
Premature
Other contributory causes of importance: _____
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Chin Was there an autopsy? 2

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) J. R. ... M. D.
(Address) ...

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.

