

JUL 15 1938

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

22599
Do not use this space.

1. PLACE OF DEATH
 (a) County Consent Registration District No. 653
 (b) Township Concord Primary Registration District No. 5865- Registered No. 53
 (c) City (d) Street No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Ernest Jones 530
 (a) Residence, No. Portageville Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvie Jones
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-25-1899
 7. AGE YEARS 38 MONTHS 9 DAYS 27 IF LESS THAN 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. labor
 9. Industry or business in which work was done, as 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) D. K. Tenn
 FATHER 13. NAME D. K.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 MOTHER 15. MAIDEN NAME "
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "
 17. INFORMANT (ADDRESS) Ernie Jones Portageville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Elm Grove cemetery DATE 6-17-38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. Smith Portageville Mo
 20. FILED 6-17-38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16-38
 22. I HEREBY CERTIFY, That I attended deceased from June 10, 1938, to June 16, 1938
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Epilepsy
 Date of onset Jan 38
 Other contributory causes of importance:
Terminal pneumonia
 Name of operation Date of
 What test confirmed diagnosis? none 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 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) W. C. Leonard, M. D.
 (Address) Portageville, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.