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.

REC'D AUG 24 1938

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

3

25124
Do not use this space.

1. PLACE OF DEATH
(a) County COLE 1 Registration District No. 213
(b) Township Primary Registration District No. 3014 Registered No. 220
(c) City JEFFERSON CITY (d) Street No. Mo State Prison St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

26 3 5

2. PRINT FULL NAME JOHNNIE JONES 5 20
(a) Residence, No. MISSOURI STATE PRISON St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: NEGRO
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): UNKNOWN

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 4, 1903

7. AGE: YEARS 35 | MONTHS 4 | DAYS 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

FATHER
13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 9

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mo State Prison

18. ~~BURIAL~~, ~~CREMATION~~, OR REMOVAL
PLACE Kirksville Mo DATE 7/16/1938

19. FUNERAL DIRECTOR (NAME) Dawson-Tanner Co
(ADDRESS) Jefferson City, Mo

20. FILED 7/16/1938 [signature] M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15th, 1938 to July 15th, 1938
I last saw him alive on July 15th, 1938 Death is said to have occurred on the date stated above, at 12:08 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hydro-cyanic acid gas poisoning (Legal Execution)	7-15 1938

19 B

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? 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) [signature], M.D.
(Address) W. W. RAMBO, M. D. Prison Physician

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(Licensed Embalmer's Statement on Reverse Side)

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, ...

D. M. Davis, ..., or by .....

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

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address Jefferson City O

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

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