

REC'D AUG 9 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH26023
Do not use this space.

1. PLACE OF DEATH New Madrid
 (a) County New Madrid Registration District No. 821
 (b) Township Cant Primary Registration District No. 6801 Registered No. _____
 (c) City COUNTRY (d) Street No. _____ 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.

2. PRINT FULL NAME Wm. R. Jones Infant 521
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-5-37

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 3 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) New Madrid Co 0
 (STATE OR COUNTRY) MO

FATHER 13. NAME Columbus Jones 1

14. BIRTHPLACE (CITY OR TOWN) Johnson Co 1
 (STATE OR COUNTRY) Ark

MOTHER 15. MAIDEN NAME Ruby Qualls

16. BIRTHPLACE (CITY OR TOWN) Johnson Co
 (STATE OR COUNTRY) Ark.

17. INFORMANT Columbus Jones
 (ADDRESS) Sikeston Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Johnson Co Ark DATE 7/13/38 19

19. FUNERAL DIRECTOR G. A. Demmster
 (ADDRESS) Sikeston Mo

20. FILED 8-8 1938 Burr-Purcell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1938, 19... to July 11, 1938 9.
 I last saw him alive on July 11, 1938 9. Death is said to have occurred on the date stated above, at 6:30 PM
 The principal cause of death and related causes of importance were as follows:

Colitis

Date of onset

Other contributory causes of importance
Not to my knowledge

Name of operation None Date of _____
 What test confirmed diagnosis? --- Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? NO 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.
---no---

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? 0
 If so, specify _____
 (Signed) J. F. Waters _____, M. D.
 (Address) Sikeston, Mo.

539 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

30M-100-37
 I X12004

STATEMENT BY LICENSED EMBALMER

I, G. A. Dempster, Licensed Embalmer No. 2021

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. 2021

working under my personal supervision.

Signed G. A. Dempster

Licensed Embalmer No. 2021

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.)