REC'D JAN 24 1939

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

Do not use this space.

43703

1. PLACE OF DEATH

59 County Livingston 2 Registration District No. 508 File No.

Township Jackson 1 Primary Registration District No. 5675 Registered No. 327

City (No. , St. Ward)

2. FULL NAME 520 Judson Dover Jones

(a) Residence, No. R7D 4H Trenton Mo St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6 - 1908

7. AGE YEARS 30 MONTHS 6 DAYS 23 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Construction Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Construction

10. Date deceased last worked at this occupation (month and year) July - Aug 1938

11. Total time (years) spent in this occupation 2-6 mo

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Pindall Mo.

FATHER

13. NAME R. L. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison County Missouri

MOTHER

15. MAIDEN NAME Nico Limes

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Dunlap Missouri

17. INFORMANT (ADDRESS) R. L. Jones Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Shelburn DATE Dec 30 1938

19. UNDERTAKER (ADDRESS) Hemley Funeral Home Trenton Missouri

20. FILED 12/30/1938 Donald M. Dowell, M.D. Registrar. 456

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1938, to Dec 29 1938

I last saw him alive on Dec 27, 1938. Death is said to have occurred on the date stated above, at 8 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Lues (General paresis) unknown

Other contributory causes of importance: — 83

Name of operation No Date of

What test confirmed diagnosis? Clinical & Lab 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) G. W. Carpenter, M. D.

(Address) Chillicothe, Mo

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.

I X9314