

REC'D MAR 21 1939

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

Do not use this space.

1. PLACE OF DEATH  
77 County Peru Registration District No. 657  
Township Bohayan Primary Registration District No. 5874  
City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Donald Lee Jones  
(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9-1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
11 2 11

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
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) Security Six Mo Perry Co

MOTHER FATHER  
13. NAME Ray Jones  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goodsville Mo Cape  
15. MAIDEN NAME Cathel Stockland  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brony Mo

17. INFORMANT Ray Jones  
(ADDRESS) Peru City Six Mo

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Stilo Cemetery DATE 2-21-1939

19. UNDERTAKER none  
(ADDRESS) \_\_\_\_\_

20. FILED 2-20-1939 Adolph G. Schmitt  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 20-1939

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1939 to 2-20-1939  
I last saw him alive on 2-19-1939. Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Bronchitis Date of onset \_\_\_\_\_  
106  
Other contributory causes of importance: None

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 none  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) G. Palisich, M. D.  
(Address) Peru 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.

