No Kinship

REC'D APR 10 1939

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

12487
Do not use this space.

1. PLACE OF DEATH
(a) County Scott
(b) Township ~~Highland~~
(c) City Sikeston
Registration District No. 821
Primary Registration District No. 4553
Registered No.
(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 520 Butler Nels Jones
(a) Residence, No. Sikeston, Missouri 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): September 22, 1938

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	5	17	

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.: Infant
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Sikeston (STATE OR COUNTRY) Missouri

FATHER
13. NAME Sinclair Butler Jones
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME Mabel Griffen
16. BIRTHPLACE (CITY OR TOWN) Clarkton (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. S. B. Jones (ADDRESS) Sikeston, Missouri

18. BURIAL, ~~CREMATION, REMOVAL~~
PLACE McMullin, Missouri DATE March 8, 1939

19. FUNERAL DIRECTOR (NAME) H. J. Welsh (ADDRESS) Sikeston, Missouri

20. FILED 4-3, 1939 [signature] Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 7, 1939, to Mar 7, 1939
I last saw him alive on Mar 7 - 39, 19..... Death is said to have occurred on the date stated above, at 2:00A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	3/5/38

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) Howard M Tendick, M. D.
(Address) Sikeston Mo.

(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.

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.

Body Not Embalmed

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.