

SEP 25 1940

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

30022

Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 65
(b) Township Layan Primary Registration District No. 6192 Registered No. 5
(c) City Patterson (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

570 James Fredrick Jones
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
63 1 20

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Barber
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) (STATE OR COUNTRY) Wayne Co., Missouri 6

13. NAME Robert L. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama 1

15. MAIDEN NAME Isabell Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia 1

17. INFORMANT (ADDRESS) Mrs. Stella Thompson
Patterson, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE June 30, 40

19. FUNERAL DIRECTOR (ADDRESS) William Coder 812
Piedmont, Mo. 812

20. FILED 7/1 19 40 Mrs. T.M. Cook
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1940

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1940 to June 28, 1940
I last saw him alive on June 28, 1940 Death is said to have occurred on the date stated above, at 5 a. m.

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

Cerebral Hemorrhage

Date of onset

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? No.
If so, specify _____
(Signed) W. Coder M. D.
(Address) Piedmont, Mo.

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

FORM 7-20-37 I X12004

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, William Codr, Licensed Embalmer No. 3723

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed William Codr

Licensed Embalmer No. 3723

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.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30022

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 65-

Primary Registration District No. 6192

Registrar's No.

1. PLACE OF DEATH:

(a) County. Wayne
(b) City or town. Lugan
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Wayne
(c) City or town. Patterson
(If outside city or town limits write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME James Frederick Jones

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex. m 5. Color or race. W
6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive. _____ year

7. Birth date of deceased. _____ (Month) (Day) (Year)

8. AGE: Years 62 Months 1 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace. _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace. _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(Burial, cremation, or removal)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 7-1-1940 (b) Mrs T.M. Poels
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month June day 29
year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19 _____ to _____ 19 _____;
that I last saw him _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address Patterson Mo Date signed _____

SUPPLEMENTAL COPY

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

CAIENA MOORE

