

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

Do not use this space.

1. PLACE OF DEATH

89 County Ray Registration District No. 742
 Township Stock Primary Registration District No. 5-977 a
 City Capriola Mo. (No. _____) St. _____ Ward _____

File No. 17538
 Registered No. _____

2. FULL NAME

Clarence Ray 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 W 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) Feb 26 1933
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 6
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 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 _____

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 1933
 22. I HEREBY CERTIFY, That I attended deceased from May 3rd, 1933, to May 3rd, 1933
 I last saw him alive on May 3, 1933 Death is said to have occurred on the date stated above, at 6 A.M.

The principal cause of death and related causes of importance were as follows:
Premature baby, new born, vitality & no care
 Date of onset _____
 159
 138
 159
 Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co. Mo.
 13. NAME Clarence Jones
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan
 15. MAIDEN NAME Wilma Clevinger
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
 17. INFORMANT Clarence Jones (ADDRESS) Rayville Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cem. DATE 5/5/33 1933
 19. UNDERTAKER C. M. Jones (ADDRESS) Richmond Mo.
 20. FILED May 10, 1933 Edwin Shore Registrar.

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 _____, 1933
 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) E. D. Greave, M. D.
 (Address) Richmond 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. JUN 23 1933

