

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

Do not use this space.

24729

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. Barnes Hospital) St. Ward.....

File No.....
Registered No. 6874
St. Ward.....

2. FULL NAME

(a) Residence, No. St. 17 Ward. Bonnie Terie No.
(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) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21-1900
7. AGE: YEARS 32 MONTHS 4 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 16
10. Date deceased last worked at this occupation (month and year) July 1932 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Piedmont Mo

13. NAME Daniel Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Emma Pierce

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Shover Jones (ADDRESS) De Sloge Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE De Sloge Mo DATE 7-27-32

19. UNDERTAKER (ADDRESS) Boyer and De Sloge Mo

20. FILED JUL 25 1932 Map Establer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 23, 1932
22. No PHYSICIAN attended deceased from 19... to 19...
I last saw him alive on 7-5-32. Death is said to have occurred on the date stated above, at 7:50 m.
The principal cause of death and related causes of importance were as follows:

Shock, injuries
Strep. lococcus septicaemia
Infection of head area
Septicemia
Other contributory causes of importance: Explosion in lead mine at St. Joseph lead Co. accident

Name of operation (DRG) of DRG
What test confirmed diagnosis? DRG Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, no no Date of injury 7-16-32
Where did injury occur? Bonnie Terie No. Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In industry
Manner of injury Explosion in mine
Nature of injury Strep. lococcus septicaemia

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Explosion in mine
(Signed) W. L. Jones
(Address) De Sloge 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.

RESERVE

V. S. NO. 2

