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

Do not use this space.

25635

File No.
Registered No.

AUG 26 1930

1. PLACE OF DEATH

County: Stone
Township: Washington
City: (No. , St. Ward)

Registration District No. 843
Primary Registration District No. 6106

2. FULL NAME Charles Griffith 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 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Widowed -

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26 1855 -

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	9	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming.
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cable Mo
(STATE OR COUNTY)

PARENTS
10. NAME OF FATHER Abram Jones.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTY)
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTY)

14. INFORMANT Burgess.
(Address) Galena Mo

15. FILED 7/30/1930 Florence H. Scott
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 29 1930

17. I HEREBY CERTIFY, That I attended deceased from March 15 1930, to July 29 1930, that I last saw him alive on Thursday 1930, and that death occurred, on the date stated above, at 8 30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary TB.

23A

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH yes.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? None
(Signed) J. B. Burgess, M. D.
, 19 (Address) Galena Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Nolan Cemetery
DATE OF BURIAL: July 30 1930

20. UNDERTAKER: Orin Craig
ADDRESS: Galena 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.