

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

Do not use this space.

30701

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 123
 Township Apple Creek Primary Registration District No. 5776 a
 City Near Old Appleton Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 3
 St. _____ Ward _____

2. FULL NAME Pearl 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Baby.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
2 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
 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 _____

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

13. NAME Chas Jones

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

15. MAIDEN NAME Stella Wilson

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

17. INFORMANT Chas Jones
 (ADDRESS) Oak Ridge P.F.D. #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview Ch. Co. DATE Sept 23 1931

19. UNDERTAKER McLomb's Fun. & Burial Co.
 (ADDRESS) Jackson Mo.

20. FILED 9-20 1931 G. B. Burman
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Sept 27, 1931

I last saw him alive on Sept 27, 1931. Death is said to have occurred on the date stated above, at 10:30 p. m.

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

Ileo-colitis
119B/19
 Date of onset 9-18-31

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? Y

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

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) G. B. Burman, M. D.

(Address) Old Appleton, 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.

OCT 29 1931

RECORD IS A PERMANENT RECORD

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