

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

Do not use this space.

33531

1. PLACE OF DEATH

County Barnes
Township Sugar Creek
City _____ (No. _____)

Registration District No. 36
Primary Registration District No. 5,052

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

2. FULL NAME

Charles Benj. Jones

(a) Residence, No. Seligman Mo. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susie Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 11, 1875</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>1</u>	DAYS <u>8</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>
	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)
Seline Co. Missouri

FATHER 13. NAME
Thomas Jones

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

MOTHER 15. MAIDEN NAME
Maria Paris

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Unknown

17. INFORMANT (ADDRESS)
Miss Susie Jones Seligman Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
Western Grove DATE Oct 19 1931

19. UNDERTAKER (ADDRESS)
Home - Eugene Cassette Mo.

20. FILED 11/7, 1931 S.R. Osborne Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19 1931

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Oct 19, 19____.

I last saw him alive on Nov 14, 1929. Death is said to have occurred on the date stated above, at _____ m.

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

Bright's disease with heart failure

Other contributory causes of importance: 132A / 32

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? _____
If so, specify _____

(Signed) J. S. K. [Signature], M. D.
(Address) Seligman 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.

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