

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.

FEB 24 1932

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

Do not use this space.

703

1. PLACE OF DEATH

38 County Pentry
Township Athens
City (No. _____)

Registration District No. 019
Primary Registration District No. 5427

File No. _____
Registered No. 4
St. _____ Ward _____

2. FULL NAME Clarence Burl 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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Lois Butler

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 1 - 1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 1 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

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) Pentry Co. Mo.

MOTHER FATHER 13. NAME Walter Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky. 2

15. MAIDEN NAME Dora Ray

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

17. INFORMANT Mrs. C. B. Jones (ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Jan 31, 1932

19. UNDERTAKER A. T. Bare (ADDRESS) Albany, Mo.

20. FILED Feb 6, 1932 W. Martin Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 29, 1932

22. I HEREBY CERTIFY that I attended deceased from Jan 1, 1932 to Jan 29, 1932

I last saw him alive on Jan 29, 1932 Death is said to have occurred on the date stated above, at 5:4 m.

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

Pulmonary Tuberculosis
and Reluctance of Patient

Date of onset

23A 25
Other contributory causes of importance: 1, 5

Name of operation no Date of no

What test confirmed diagnosis? specimen Was there an autopsy? no

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) C. N. Williamson, M. D.

(Address) Albany, Mo

