

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

Do not use this space.

13435

1. PLACE OF DEATH

78 County Camden Registration District No. 114
Township Bedwin Primary Registration District No. 5869
City Bedwin (No. _____) St. _____ Ward _____

File No. 5
Registered No. _____
St. _____ Ward _____

2. FULL NAME

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

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. (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>Catherine Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-22-1897</u>		
7. AGE	YEARS <u>35</u>	MONTHS <u>2</u>
	DAYS <u>17</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>	11. Total time (years) spent in this occupation <u>2</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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Mo.</u>		
FATHER	13. NAME <u>Samuel Nelson Jones</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Cooper</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Paris, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Richard B. Jones</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Portageville</u> DATE <u>4/12/32</u>		
19. UNDERTAKER (ADDRESS) <u>R. M. Payne</u>		
20. FILED <u>4/12</u> 19 <u>32</u> <u>Alford</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-1932

22. I HEREBY CERTIFY, That I attended deceased from 7:00 a.m., 1932, to 1:10 o'clock a.m., 1932. I last saw him alive on April 9, 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

one Charles T. Jones met his death with the possibility of being dragged and placed on R.R. track

Other contributory causes of importance:

11:30 p.m. 5 241

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? Acc. Dt. Date of injury APR 9, 1932
Where did injury occur? at R.R. crossing on road
Penicote Co. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place:
Public Place

Manner of injury Possible dragged & hit by train
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify alcohol
(Signed) D. W. Higgins Coroner
(Address) Swift 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.

APR 28 1932

