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.

JUL 22 1932

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

Do not use this space.

18966

1. PLACE OF DEATH

20 County Cedar — Registration District No. 165 — File No.

Township Linn — Primary Registration District No. 5231 — Registered No. 68

City ~~Stockton~~ (No. , St. Ward)

2. FULL NAME Charley Lee Jones

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Sadie Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan. 25, 1887

7. AGE: YEARS 45 — MONTHS 4 — DAYS 24 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming 1
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): Stockton Missouri 1

FATHER
13. NAME: Mark Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Stockton, Mo

MOTHER
15. MAIDEN NAME: Harriet Porter Kates
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

17. INFORMANT (ADDRESS): Glenn Jones Stockton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Younger DATE Jun. 20 1932

19. UNDERTAKER (ADDRESS): W. C. DAVIS & COMPANY Stockton, Missouri

20. FILED July 1932 E S Smith Registrar. Mary Bayless

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jun. 19, 1932. 19

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1932, to June 19, 1932
I last saw him alive on June 15, 1932 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Progressive Pernicious Anemia — Date of onset

Other contributory causes of importance:

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) H A Simrell, M. D.
(Address) Stockton Mo