

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

Do not use this space.

25738

190

1. PLACE OF DEATH  
 26 County Cole Registration District No. 213  
 3 Township Jefferson Primary Registration District No. 3014  
 8 City Cole (No.         ) St.          Ward           
 2. FULL NAME Carl 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.

File No.           
 Registered No.         

SEP 22 1932

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male  
 4. COLOR OR RACE white  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)           
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF           
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 1, 1925  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
6 8 16  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.           
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Schaefer  
 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) Lberia Mo  
 13. NAME H M Jones  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lberia Mo  
 15. MAIDEN NAME Hedyp Dilyer  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo  
 17. INFORMANT (ADDRESS) H. F. Jones  
 18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Lberia Mo 8/19 32  
 19. UNDERTAKER (ADDRESS) Adams & Casey  
 20. FILED 8/20/1932          Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Aug 13, 1932, to Aug 17, 1932  
 I last saw          alive on Aug 17, 1932 Death is said to have occurred on the date stated above, at 12:00 a.m.  
 The principal cause of death and related causes of importance were as follows:  
acute peritonitis  
ruptured gangrenous appendix  
 Date of onset Aug 12  
 Other contributory causes of importance:           
 Name of operation appendectomy Date of Aug 13, 1932  
 What test confirmed diagnosis? clinical 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? No  
 If so, specify           
 (Signed) Wan A Taylor, M. D.  
 (Address) Jefferson City, 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

