

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.

MAY 22 1933

Dr. Waters.

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

Do not use this space.

13953

1. PLACE OF DEATH

67 County Mississippi Registration District No. 526
Township Franklin Primary Registration District No. 5762
City Bertrand, Mo. (No. _____) (If nonresident, give city or town and State) _____ St. _____ Ward _____

2. FULL NAME Edward Carter 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 - 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
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. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____
Infant

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bertrand, Mo.

13. NAME Carley E. Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland, Ky.

15. MAIDEN NAME Minnie Pearl Carter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi, Co.

17. INFORMANT (ADDRESS) Carley E. Jones
Bertrand, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Oak Grove, Charleston
April 17, 1933

19. UNDERTAKER (ADDRESS) Frank N. Shelby
East Lagunit, Mo.

20. FILED April 17, 1933
J. O. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1933, to April 16, 1933.

I last saw him alive on April 15, 1933. Death is said to have occurred on the date stated above, at 6:40 a. m.

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

Leukemia

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) J. F. Yates, M. D.
(Address) St. Louis, Mo.

