

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.

NOV 10 1933

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

Do not use this space.

34399

1. PLACE OF DEATH

96 County St. Louis Registration District No. 115029 File No. \_\_\_\_\_  
Township Carondelet Primary Registration District No. 6248 B Registered No. 330  
City Jefferson Barracks, Mo. Veterans Administration Facility. St. \_\_\_\_\_ Ward)

2. FULL NAME CLIFFORD C. JONES

(a) Residence, No. 3631 Missouri Ave., St. Louis, Mo. 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 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 Mrs. Emily Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 4 27

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Business for himself

10. Date deceased last worked at this occupation (month and year) About 1930 11. Total time (years) spent in this occupation abt. 1 yr.

12. BIRTHPLACE (CITY OR TOWN) Akron Township,  
(STATE OR COUNTRY) Michigan.

13. NAME Charles A. Jones

14. BIRTHPLACE (CITY OR TOWN) York State, N.Y.  
(STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Frossie Duchein

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

17. INFORMANT C. H. SMITH, M. D., Clinical Director  
(ADDRESS) Vet. Adm. Fac. Jefferson Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Oct 23, 1933

19. UNDERTAKER Mr. Muller  
(ADDRESS) 2259 Lindell Ave.

20. FILED Oct 20, 1933 L. C. Ehrlich  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from October 18, 1932 to October 20, 1933

I last saw him alive on October 20, 1933 Death is said

to have occurred on the date stated above, at 2:20 AM

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

Tuberculosis, pulmonary, chronic, far advanced, active.

Date of onset

Unk

Other contributory causes of importance: None.

Name of operation clinical, physical, x-ray Date of \_\_\_\_\_  
What test confirmed diagnosis findings 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) W. C. BROWN, M. D. \_\_\_\_\_, M. D.

(Address) Vet. Adm. Facility, Jeff. Brks., Mo.

