FEB 27 1934

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

Do not use this space.

1594

1. PLACE OF DEATH

County Jasper — Registration District No. 411 — File No.

Township [illegible] — Primary Registration District No. 12002 — Registered No.

City Joplin (No. Freeman Harp. St. Ward)

2. FULL NAME C. P. Jones.

(a) Residence, No. Picher Okla. St., Ward. Picher, Okla.
(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: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eugenie Jones.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1863

7. AGE: YEARS 70 — MONTHS 9 — DAYS 7 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dry Goods Clerk.
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) Indianna.

FATHER

13. NAME Chas. Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER

15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Virgil Jones Baxter Springs Kan.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Commerce Okla. DATE Jan 10 1934

19. UNDERTAKER (ADDRESS) Hurlbut Wind Co Joplin Mo.

20. FILED 1-11, 1934 Ed. Jones
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-10 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1933, to Jan. 9, 1934

I last saw him alive on Jan 9 '34, 19.... Death is said to have occurred on the date stated above, at 7 A.M.

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

	Date of onset
Diabetes mellitis	
Gangrene left foot	
Nephritis	
Shock of operation	

Other contributory causes of importance:

Arteriosclerosis
1 Nephritis
2 Acidosis
left foot

Name of operation Amputation of foot Date of Jan 4

What test confirmed diagnosis? Lab. 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? No

If so, specify

(Signed) S. H. Grantham, M. D.

(Address) Joplin, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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