

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

Do not use this space.

20309

1. PLACE OF DEATH

County Jackson
Township Franklin
City Jackson City (No. K.C. General Hosp. 2)

Registration District No. 399
Primary Registration District No. 100

File No. _____
Registered No. 2465 (Ward)

2. FULL NAME

Charles H Jones
(a) Residence, No. Jackson County Home St. 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 W.h. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
86

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

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) Sweeden

13. NAME Johnas Nelson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sweeden

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs John J. Wenne (ADDRESS) 3309 E. 52nd St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Local Hill DATE June 5 1934

19. UNDERTAKER (ADDRESS) Blackman & Son

20. FILED June 4 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1/34 1934

22. WHERE DECEASED (City, town, or place) General Hospital Decided deceased from _____ 1934, to _____ 1934.

I last saw h. alive on 7/7 1934 Death is said to have occurred on the date stated above, at _____ m.

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

Crushing injury of left chest
hemorrhage

Other contributory causes of importance: 1862

Name of operation Autopsy Date 6/1/34
What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external forces (accident, fall, in the line of duty, accident, suicide, or homicide) Accident Day of injury 6/1/34

Where did injury occur Jackson Co Home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall from second floor
Nature of injury _____

24. Was disease or injury an occupational one? _____
If so, specify _____

(Signed) [Signature], M. D.
(Address) [Address]

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 17 1934

