

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

Do not use this space.

21262

7-20-34
1. PLACE OF DEATH
County Meruodred Registration District No. 55
Township Anderson Primary Registration District No. 4033
City Anderson (No. _____) St. _____ Ward _____

File No. 10
Registered No. 1638

2. FULL NAME Robert 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 12 - 1856
7. AGE YEARS 78 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Indiana (STATE OR COUNTRY) Ind

13. NAME Paul Know

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

15. MAIDEN NAME Paul Know

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

17. INFORMANT Harold Jones (ADDRESS) Anderson Ind

18. BURIAL, CREMATION, OR REMOVAL
PLACE Method DATE June 16, 1934

19. UNDERTAKER Bob Zimmerman (ADDRESS) _____

20. FILED July 10, 1934 M.D. Zimmerman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 - 1934 to June 18, 1934
I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:

Acute Regeneration with failing Compensation
95B
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) R. P. Allen, M. D.
(Address) Anderson Ind

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.

