

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph, (No. Missouri Methodist Hospital) St. _____ Ward _____

File No. 32025
Registered No. 1071

2. FULL NAME Charles J Jones
(a) Residence, No. 2125 South 4th Street St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 27 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*) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Bell Jones
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 0 26

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ice Puller
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Jos Artesian Ice Co
10. Date deceased last worked at this occupation (month and year) Sept. 1934 11. Total time (years) spent in this occupation 26 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marblehead, Illinois

FATHER
13. NAME Unknown

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT Ray R Jones
(ADDRESS) Albany Missouri

18. BURIAL, CREMATION, OR REMOVAL Mount Auburn Cent
PLACE St. Joseph, Mo. DATE Sept. 19th 1934

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) 1802 Union Street, St. Joseph, Mo.

20. FILED 19 1934
John R. Bender
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/18 1934

22. I HEREBY CERTIFY, That I attended deceased from May 21 1934 to Sept 18 1934
I last saw h. Jones alive on Sept 17 1934. Death is said to have occurred on the date stated above, at 6 A m.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Chronic Nephritis
Myocardial Insufficiency
92 A M

Name of operation _____ Date of _____
What test confirmed diagnosis? Biopsy as 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) Flenton W. Anderson, M. D.
(Address) 211 W W RMO, Mo.

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.

