

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

Check space
Do not use this space.
6302
File No. _____
Registered No. 80
St. _____ Ward _____

MAR 28 1935
1. PLACE OF DEATH
County Pemiscot
Township Little Prairie
City Caruthersville Mo (No. _____)

Registration District No. 651
Primary Registration District No. 4388

2. FULL NAME Charlie 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Family over</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>About 62</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Work</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>General</u>		
10. Date deceased last worked at this occupation (month and year) <u>6-7-1934</u>		
11. Total time (years) spent in this occupation <u>1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>		
13. NAME <u>Pete Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va.</u>		
15. MAIDEN NAME <u>D.K.</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D.K.</u>		
17. INFORMANT <u>E. J. Freddie</u> (ADDRESS) <u>Caruthersville Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Local Cemetery</u> DATE <u>2-9-</u> 19 <u>35</u>		
19. UNDERTAKER <u>H. Smith</u> (ADDRESS) <u>Caruthersville Mo.</u>		
20. FILED <u>Feb. 21 1935</u> <u>Ada Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1931, to 2-7-, 1935.
I last saw him alive on 2-7-, 1935. Death is said to have occurred on the date stated above, at 11pm.
The principal cause of death and related causes of importance were as follows:
Bright Dropsy
Date of onset _____

Other contributory causes of importance:
MB

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) P. O. Acers, M. D.
(Address) Caruthersville, Mo

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.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

Country Pennsylv

Registration District No. 651

Township.....

Primary Registration District No. 4388

City..... (No.)

File No.

Registered No. 30

2. FULL NAME

Charlie Jones

(*) 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. abh 62

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

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED Apr. 30 1935 Chas Martin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 7 1935

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....

I last saw h..... alive on 19..... 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:

Bright's Dropsy
Chronic

Date of onset

Other contributory causes of importance:

Name of operation Date of.....

What test confirmed diagnosis? Was there an autopsy?.....

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)....., M. D.

(Address).....

SUPPLEMENTARY

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

APR 26 1935

5-6302