

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

Do not use this space.

20122

1001 2 3 1935

**1. PLACE OF BIRTH**

County Tanner

Registration District No. 411

Township Jenkin

Primary Registration District No. 2002

City Jenkin (No. 310 N. Gray)

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

310 N. Gray Ward. \_\_\_\_\_

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 9, 1921

7. AGE YEARS 14 MONTHS 4 DAYS 6 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gymnasium  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ Time (years) \_\_\_\_\_ Present in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Okla. (STATE OR COUNTRY)

13. NAME Charles Ainsley

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

15. MAIDEN NAME Hazel Stewart

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

17. INFORMANT Hazel Lamb (ADDRESS) Jenkin Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellair MO DATE 6-18-35

19. UNDERTAKER Hurlbut and Co (ADDRESS) Jenkin Mo

20. FILED 6-18-35 Ed Jones Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-15-35

22. I HEREBY CERTIFY, That I attended deceased from 6-8, 1935, to 6-15, 1935

I last saw him alive on 6-15, 1935 Death is said

to have occurred on the date stated above, at 6-PM.

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

Galvin Jones

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? X-ray 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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) Ed Jones, M. D.

(Address) Jenkin 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.

