

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.

Dr. Rowling

OCT 21 1937

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

Do not use this space.

34791

1. PLACE OF DEATH

County Mississippi
 Township Charleston
 City Charleston (No.)

Registration District No. 566
 Primary Registration District No. 3030

File No.
 Registered No. 124 158 St. Ward)

2. FULL NAME

Virgil Edward Jones

(a) Residence, No. East Prairie St. Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 24 1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 11 13

OCCUPATION
 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. Farming
 10. Date deceased last worked at this occupation (month and year) Mar 5 1935 11. Total time (years) spent in this occupation. Life

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

MOTHER FATHER
 13. NAME John Jones

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

15. MAIDEN NAME Sarah Taylor

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

17. INFORMANT (ADDRESS) Myrtle Jones, Bertrand Pt. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Sept 8 1937

19. UNDERTAKER (ADDRESS) Harry N. Shulby, East Prairie Mo

20. FILED 9-8-1937 J. S. Vernon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 17 1937 to Sept 7 1937
 I last saw him alive on Sept 6 30 1937 Death is said to have occurred on the date stated above, at 11 P. m.
 The principal cause of death and related causes of importance were as follows:

Chr. Peppert Date of onset D.K.
with
Asperterensen DK
Adm. Enbill
 Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? B. Psoriasis 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 of injury in any way related to occupation of deceased? Yes
 If so, specify B. Psoriasis
 (Signed) Charles Coleman, M. D.
 (Address) Charleston, Mo.

