

DEC 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County Iron Registration District No. 1159
Township Iron Primary Registration District No. 58 + 9
City Frontville (No. _____) St. _____ Ward _____

File No. 41450
Registered No. _____

2. FULL NAME

Charles Grant Jones
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 1-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
65 3 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Iron County
Mo.

13. NAME John Jones

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

15. MAIDEN NAME Jessamine Betcher

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

17. INFORMANT Everette Jones
(ADDRESS) Frontville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Griddlebrook DATE 11-23 1937

19. UNDERTAKER white 6 Son
(ADDRESS) Frontville Mo.

20. FILED Dec 4, 1937 Mrs. J. A. Townsend
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov. 19 1937, to Nov. 21 1937

I last saw h. Ann alive on Nov. 20 1937. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

Concussion of Brain
(Injury from Fall)
Date of onset Nov. 19/37
Other contributory causes of importance: Semility

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? Accident Date of injury 11/19 1937

Where did injury occur? Frontville, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. on Farm

Manner of injury Fall on head while chopping

Nature of injury Struck head on rock in wood

24. Was disease or injury in any way related to occupation of deceased? no.
If so, specify _____

(Signed) R. E. Harland M. D.
(Address) Chanton Mo.

WRITE CLEARLY, 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.

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