

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Carroll
Township Engene
City (No.)

Registration District No. 135
Primary Registration District No. 5201

File No. 6365
Registered No. 16
St. Ward

2. FULL NAME

Chesley W. Jones 53.0
(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from
2-2, 1938, to 2-8, 1938

I last saw her alive on 2-6, 1938 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1885

to have occurred on the date stated above, at 2:00 P.M.

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

7. AGE YEARS MONTHS DAYS If LESS than 1
53 3 17 day, hrs. or min.

Broncho-Pneumonia Date of onset 1/24/38

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) Adair Co Ky

13. NAME Wm Jones

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

15. MAIDEN NAME Unk

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

17. INFORMANT (ADDRESS) Mrs. Chesley W. Jones
W. A. Keenan, Jr.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cary Cem. DATE Feb 12, 1938

19. UNDERTAKER (ADDRESS) Stamper
Carrollton, Mo

20. FILED 2-12, 1938 Paula Naskin Registrar

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

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? Yes
If so, specify

(Signed) W. G. Atwood, M. D.
(Address) Carrollton, 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.

