

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

Do not use this space.

REC'D MAY 20 1938

**1. PLACE OF DEATH**

56 County Lewis Registration District No. 477 File No. 15112  
 1 Township ..... Primary Registration District No. 4286 Registered No. 18  
 0 City Canton (No. ....) St. .... Ward) (No. ....)

**2. FULL NAME**

Charles S Jones 520  
 (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 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 Virginia Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-25-1872

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant  
 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) Jan - 1933 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Canton Mo (STATE OR COUNTRY)

13. NAME Edward C Jones

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

15. MAIDEN NAME Sara C. Gray

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

17. INFORMANT Miss C S Jones (ADDRESS) Canton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Canton DATE 4-5-1938

19. UNDERTAKER H. W. Kelly (ADDRESS) Canton Mo

20. FILED Apr. 4 1938 H. W. Harris Registrar. 430

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2 1938

22. I HEREBY CERTIFY, That I attended deceased from May 1, 1934, to Apr. 2, 1938. I last saw him alive on Apr. 2, 1938. Death is said to have occurred on the date stated above, at 9: P. m.

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

Bronchial Asthma  
not tubercular

Date of onset

Other contributory causes of importance: 1/2 -

Name of operation ..... Date of .....  
 What test confirmed diagnosis? Sympt 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) P. W. Jennings / M. D.  
 (Address) Canton 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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