REC'D JUL 14 1938

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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. See instructions on back of certificate.

1. PLACE OF DEATH

County McDonald

Township Pineville

or

Village

or

City Lanaigan

Registration Dist. No. 1149

Primary Dist. No. 5698

Missouri CERTIFICATE OF DEATH

~~Oklahoma~~ State Board of Health

BUREAU OF VITAL STATISTICS

~~Oklahoma City, Okla.~~

Register No. 12 22345

No. St. Ward

(If death occurred in a hospital or institution, give its name instead of street and number.)

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.

2. FULL NAME Eugene B. Jones 520

(a) Residence: No. 519 River St. Picher, St. Ward

(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULAR

3. SEX M

4. Color or Race W

5. Single, Married, Widowed, or Divorced (write the word) Divorced

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Nov. 24. 1895

7. AGE Years 42 Months 6 Days 28 IF LESS than 1 day ___ hrs. or ___ min.

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.

10. Date deceased last worked at this occupation (months, years)

11. Total time (years) spent in this occupation.

12. BIRTHPLACE (City or Town) (State or Country) Mo

Father

13. Name Charlie T. Jones

14. BIRTHPLACE (City or Town) (State or Country) Mo

Mother

15. MAIDEN NAME Helen Hopkins

16. BIRTHPLACE (City or Town) (State or Country) Unknown

17. INFORMANT (Address) Mother, C. T. Jones Picher, Okla.

18. BURIAL, CREMATION, OR REMOVAL

Place G. A. R. Miami Date June 24, 1938

19. UNDERTAKER (Address) Durnil Funeral Home Picher, Okla.

20. FILED July 1, 1938 Lee Carnell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21 1938

22. I HEREBY CERTIFY, That I attended deceased from ___, 19___, to ___, 19___

I last saw him alive on ___, 19___ death is said to have occurred on the date stated above, at 7:30 P.M.

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

	Date of onset
Tuberculosis of lungs.	

Other contributory causes of importance:

23a

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? ___ 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 Lee Stearnell, M. D.

(Address) Pineville, Mo. Registrar

467

Dr Pitchy

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family cook—hatel, etc. For a person who had no occupation whatever, write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer," when a more precise statement of the occupation can be secured. Do not use the word "mechanic" but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of Onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927
Other contributory causes of importance:	
Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:	Date of Onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN