REC'D FEB 11 1939

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

Do not use this space.

2380

1. PLACE OF DEATH

County Green — Registration District No. 317 — File No.

Township Pond Creek — Primary Registration District No. 5437 — Registered No.

City Billings Mo. (No. ..... St. ..... Ward)

2. FULL NAME 520 Charles Boyd Janes

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(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.

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: Nancy Louvania Janes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 15 1881

7. AGE: YEARS 57 — MONTHS 7 — DAYS 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Missouri

FATHER

13. NAME: Charles Janes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): Anna Janes, Billings Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Kerr Chapel DATE: Jan. 25 1939

19. UNDERTAKER (ADDRESS): A. S. Wallace, Billings, Mo 284

20. FILED: Jan. 25 19 Mrs Bertha Nance, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 23 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 15 1938, to Jan 23 1939. I last saw him alive on Jan 22 1939. Death is said to have occurred on the date stated above, at 6-10 p.m.

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

	Date of onset
Parkinsons Disease	1928

Other contributory causes of importance: 8715

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) F. H. Brown, M. D.

(Address) Billings, 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.