

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.

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

Do not use this space.

1059

FEB 27 1937

1. PLACE OF DEATH

County Henry Registration District No. 347
Towship _____ Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

Charles Mervin Jones
(a) Residence, No. Clinton Mo 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. 3 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct - 16 - 1936</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>2</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
13. NAME <u>Charles Erwin Jones</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
15. MAIDEN NAME <u>Pauline Hunt</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
17. INFORMANT (ADDRESS) <u>Pauline Jones</u> <u>Clinton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Englewood</u> DATE <u>1-17</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>Fred Wilkinson</u> <u>Clinton Mo</u>		
20. FILED <u>1-25</u> 19 <u>37</u> <u>J. R. Hampton</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-15, 1937

22. I HEREBY CERTIFY, that I attended deceased from Jan 14 1937, to Jan 15 1937
I last saw him alive on Jan 14 1936 Death is said to have occurred on the date stated above, at 4:00 P. m.
The principal cause of death and related causes of importance were as follows:
Leukemia
Recess -
Date of onset 1/13/37
Coronary

Other contributory causes of importance:
None

Name of operation _____ Date of _____
What test confirmed diagnosis? Cerebral 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? No
If so, specify _____
(Signed) S. W. Wolfer M. D.
(Address) Clinton Mo

