

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

Do not use this space.

*J. B. Beckler*  
9771

1. PLACE OF DEATH  
 92 County St. Charles Registration District No. 757  
 4 Township ..... Primary Registration District No. 3036  
 8 City St. Charles (No. 513 , Deatur St. .... Ward) .....

2. FULL NAME Carl Jones  
 (a) Residence, No. 513 Deatur 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matha Foster Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1844

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>87</u>	<u>4</u>	<u>22</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Sheltonway County Missouri

13. NAME Jachary Jones

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

15. MAIDEN NAME Mathilda Wilton

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

17. INFORMANT Stella Matishes (ADDRESS) St. Charles Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Deatur DATE Nov 24 1932

19. UNDERTAKER H. D. Hoffmann (ADDRESS) 909 N. 2nd St. St. Charles Mo

20. FILED 3774 19 34 St. J. Bloebaum Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to March 24 1932  
 I last saw him alive on March 24 1932 Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:  
General Anemia 3/19/32  
82A  
97  
 Other contributory causes of importance: General Anemia 1930  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis Chloro 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? Yes  
 If so, specify Chloro  
 (Signed) J. B. Beckler , M. D.  
 (Address) Deatur Mo

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932

V.S. NO. 2.

