

JUN 22 1937

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

Do not use this space.

File No. 20294
Registered No. 197
St. _____ Ward _____

1. PLACE OF DEATH
County Jackson Registration District No. 398
Township Independence Primary Registration District No. 5554
City Independence No. 1919
2. FULL NAME Cec. Edward Jones
(a) Residence, No. 914 Crestway 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 1937
22. I HEREBY CERTIFY That I attended deceased from _____, 19____
I last saw him _____, 19____ Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:
Date of onset

Enlarged Thyroid
Stasis Lymphatic
Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.
13. NAME Cec. Edward Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.
15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence, Mo.
17. INFORMANT (ADDRESS) _____
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 1937
19. UNDERTAKER (ADDRESS) _____
20. FILED 6-3-37 F. L. Cook Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis Autopsy Was there an autopsy? yes
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 of injury in any way related to occupation of deceased?
If so, specify _____
(Signed) J. H. Jones, M. D.
(Address) _____

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.

