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STATE OF OHIO  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

29 County Green Registration District No. 464 File No. \_\_\_\_\_  
 Township Kenma Primary Registration District No. 4697 Registered No. \_\_\_\_\_  
 or Village No. Green Co. Infirmary Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 or City of \_\_\_\_\_  
 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.

2 FULL NAME

Charles "Bumpus" Jones

Did Deceased Serve in  
U. S. Navy or Army

(a) Residence. No. Bedford St. \_\_\_\_\_ Ward. Bedford  
 (Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Divorced

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

6. DATE OF BIRTH (month, day, and year) Jan 1870

7. AGE Years 68 Months 5 Days 25 If LESS than 1 day, \_\_\_\_\_ hrs.

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

9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Professional Ball

10. Date deceased last worked at this occupation (month and year) 1900 11. Total time (years) spent in this occupation 11 yrs

12. BIRTHPLACE (city or town) Bedford (State or country) Ohio

13. NAME Not known

14. BIRTHPLACE (city or town) \_\_\_\_\_ (State or country) \_\_\_\_\_

15. MAIDEN NAME Rose Jones

16. BIRTHPLACE (city or town) Bedford (State or country) \_\_\_\_\_

17. INFORMANT The Signature of Floyd Jones and (Address) Bedford

18. BURIAL, CREMATION, OR REMOVAL Place Bedford Date 6-28 1938

19. FUNERAL DIRECTOR J. M. Miller Lic. No. 91 (Address) Bedford

19a. Was body embalmed? yes Embalmer's Lic. No. 29747

20. FILED Mar 27 1938 J. L. Stover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 6-25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 4/25 1938 to 6/25 1938

I last saw him alive on 6/25 1938; death is said to have occurred on the date stated above at 10 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance in order of onset were as follows:

Syphilis  
Tobes dorsalis.

CONTRIBUTORY CAUSES of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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?

If so, specify \_\_\_\_\_

(Signed) S. C. Ellis M. D.  
 Date 6/27 1938 Address 132 W. main