

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

PLACE OF DEATH

County St. Louis

Township _____
or

Village _____
or

City St. Louis (NO. 2934 Thomas St. St. 19 Ward)

Registration District No. 791 File No. 12000

Primary Registration District No. 1003 Registered No. 2228

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William H. Jones

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED Single
(Write the word)

DATE OF BIRTH Feb 8, 1855
(Month) (Day) (Year)

AGE 56 years
If LESS than 1 day, ___ hrs. or ___ min.?
_____ yrs. _____ mos. _____ ds.

OCCUPATION
(a) Trade, profession, or particular kind of work Loan Business
(b) General nature of industry, business, or establishment in which employed (or employer) none in particular

BIRTHPLACE
(City or town, State or foreign country) St. Louis

PARENTS
NAME OF FATHER John J. Jones
BIRTHPLACE OF FATHER (City or town, State or foreign country) Phil.
MAIDEN NAME OF MOTHER Carter, Charlotte
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Portsmouth N. H.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. Jones
(ADDRESS) 2934 Thomas

Filed MAR 2 1911 1911 W. Wheeler Bond REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Feb 28th, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb 14th, 1911, to Feb 28th, 1911, that I last saw him alive on Feb 27th, 1911, and that death occurred, on the date stated above, at 3:45 a.m.

The CAUSE OF DEATH* was as follows:
930
99
Myocarditis
(Duration) _____ yrs. _____ mos. 24 ds.

Contributory Arteriosclerosis
(SECONDARY) (Duration) 5 yrs. _____ mos. _____ ds.
(Signed) W. Galloway M. D.
1911 (Address) 1232 Taylor Ave

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted
If not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Bellevue Cemetery DATE OF BURIAL March 2, 1911
UNDERTAKER Wagoner Und. Co. ADDRESS 3621 Olive St

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Engineer*, *Stationary fireman*, etc. But in many especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it may be used only when needed. As examples: (a) *Farmer*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery store*; (a) *Foreman*, (b) *Automobile factory*. The material on this line may form part of the second statement.

Return "Laborer," "Foreman," "Manager," "Carpenter," etc., without more precise specification, as *laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. For persons at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a separate salary), may be entered as *Housewife*, *Housewife—At home*, and children, not gainfully employed, as *School child* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up, account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (retired 10 yrs.). For persons who have no occupation (e. g., *puer*), write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Inferior heart disease; the contributory (see above) should not be stated unless (disease causing death) (secondary), 10 ds. Terminal conditions, strictly symptomatic," "Asthensions," "Debility," "Exhaustion," "Marasmus," "Weakness," etc., as lined as the cause. 3 from childbirth or eclampsia," "Purpura for which surgical operation DEATHS state METABOLIC, SUICIDAL, or if impossible to determine: Strangulated hernia; Strangulated wound of head—probably suicide. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)