

OCT 2 1927

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

Do not use this space.

25265

1. PLACE OF DEATH

County St Charles  
Township St Charles  
City St Charles

Registration District No. 757  
Primary Registration District No. 3036  
Washington

File No. \_\_\_\_\_  
Registered No. 133  
St. 2 Ward

2. FULL NAME

Edward Jones  
(a) Residence. No. 1043 Washington St., 2 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-1-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 53 8 29

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work merchant (b) General nature of industry, business, or establishment in which employed (or employer) Soft drink stand (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) mo

10. NAME OF FATHER Robert Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

12. MAIDEN NAME OF MOTHER Lizetta Jones

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) St Charles Mo

14. INFORMANT Lizetta Jones (Address) St Charles Mo

15. FILED 8-31, 1927 Otto Boekemeier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 30 - 1927

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 245 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Myocarditis  
9 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) same (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 9013 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Corners Inquest (Signed) Otto B. Boh coroner M. D. , 19 (Address) St Charles, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove DATE OF BURIAL Sept 4 - 1927

20. UNDERTAKER Steinbrinker Fourn. Co ADDRESS St Charles Mo

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.

PERMANENT RECORD

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