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.

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

Do not use this space. 2898

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. F 484

Township ..... Primary Registration District No. 1003 Registered No. .....

City St. Louis (No. City Hosp. #2 ..... St. ..... Ward)

**2. FULL NAME** James Jones

(a) Residence. No. 813 O'Hallen St., 25 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: Cold
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE: abt. 60 YEARS | MONTHS: — | DAYS: — | If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Laborer
(b) General nature of industry, business, or establishment in which employed (or employer): Street Cleaner
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) alabama

PARENTS

10. NAME OF FATHER: Henry Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER: Eliz Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Georgia

14. INFORMANT: Lizzie Jones
(Address) 813 O'Hallen

15. FILED JAN 14 1928 Max C Starkloff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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16. DATE OF DEATH (MONTH, DAY AND YEAR) January 12, 1928

17. I HEREBY CERTIFY, That I attended deceased from November 1st, 1927, to death Jan. 12, 1928 that I last saw him alive on January 5, 1928, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Bronchitis
non Tubercular
92A
106A (duration) — yrs. 2 mos. — ds.

CONTRIBUTORY (SECONDARY) Mitral Regurgitation (duration) 2 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? at residence

D

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical diagnosis

(Signed) Edwin Sauter, M. D

Jan. 13, 1928 (Address) 1331 No. 7th St.

*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: Greenwood | DATE OF BURIAL: Jan. 16 1928

20. UNDERTAKER: J. H. Harrison | ADDRESS 2906 Lawton