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

Do not use this space.

16298

JUL 5 1928

1. PLACE OF DEATH

County: Buchanan — Registration District No. 85

Township: — Primary Registration District No. 1001

City: St. Joseph, (No. 2907 Olive St. St. Ward)

File No.

Registered No. 699

2. FULL NAME: Abram I. Jones

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

Length of residence in city or town where death occurred 1 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: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug. 25, 1850

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 77 | 9 | 5 | |

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Contractor & Builder

(b) General nature of industry, business, or establishment in which employed (or employer): Retired 10 yrs.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Keithburg, Ill.

PARENTS

10. NAME OF FATHER: Isaac Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Wales.

12. MAIDEN NAME OF MOTHER: Margaret Griffith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Wales.

14. INFORMANT: A. O. Jones (Address) 2907 Olive St.

15. FILED MAY 31 1928 19 John G. Ortz REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May, 30, 1928 19

17. I HEREBY CERTIFY, That I attended deceased from October 1, 1928, to May 30, 1928, that I last saw him alive on May 29, 1928, and that death occurred, on the date stated above, at 2.00 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

516 Carcinoma of Bladder

97

49

(duration) yrs. 7 mos. ds.

CONTRIBUTOR (SECONDARY): Astrid Schlems

(duration) yrs. 7 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

0 DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Dr John J. Wisser, M. D

May. 30, 1928 (Address) 109½ No. 8th St. St. Joseph, 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: Memorial Park Cemetery

DATE OF BURIAL: May, 31, 1928

20. UNDERTAKER: Walter Meierhoffer

ADDRESS: 1302 Faraon 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.