

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

Do not use this space.

21745

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Wentland Heights (No.)

Registration District No. 289
 Primary Registration District No. 6033B

File No.
 Registered No. 173 St. Ward)

2. FULL NAME

William Edward Jones

(a) Residence. No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (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 Married (Write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8, 1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 | 9 | 25 | 26 | =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Watchman
 (b) General nature of industry, business, or establishment in which employed (or employer) Alton Brick Co
Christ Meyer
 (c) Name of employer Steelville, Mo

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

10. NAME OF FATHER H. J. Jones

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Cordell Jones
 (Address)

15. FILED 6/4 1928 Wella Brey, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3rd 1928

17. I HEREBY CERTIFY, That I attended deceased from June 3rd 1928, to June 3rd 1928 that I last saw him alive on June 3rd 1928, and that death occurred, on the date stated above, at 11:45 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

82A B. B. Hemorrhage
97 7421 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Arterio-sclerosis
 (duration) yrs. mos. ds. 6

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?
 (Signed) H. G. Coffman, M. D.
6-3-1928 (Address) Pattonville, 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 Free Free Cemetery DATE OF BURIAL June 5 1928

20. UNDERTAKER Baumann Bros ADDRESS Overland, 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.

