

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

Do not use this space.

28398

1. PLACE OF DEATH

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

Registration District No. 789
Primary Registration District No. 603300

File No.
Registered No. 256
St. Ward

2. FULL NAME

John Donald 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 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

White

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

Single

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

X

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

Nov. 28, 1927

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

8 2 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Maryland Heights, Mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Emmett Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Helen Petty

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Emmett Jones

15.

FILED

9/3 1928 Paul Brey, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Aug 22 - 1928

17.

I HEREBY CERTIFY That I attended deceased from Aug. 12th, 1928, to Aug. 22nd, 1928, that I last saw him alive on Aug. 22nd, 1928, and that death occurred, on the date stated above, at 1198 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enterocolitis
1198
1130
10

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

D DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. J. Griffin, M. D.

Aug 22, 1928 (Address) Patton St. 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

DATE OF BURIAL

Free Free Cemetery Aug. 24 1928

20. UNDERTAKER

ADDRESS

Baumann Bros Overland Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. REGISTRAR should be carefully supplied. AGE should be stated EXACTLY.

