

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

Do not use this space.

4466

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis, Mo. No. 5600 Arsenal

File No.....  
Registered No. 1129  
St. 5th Ward

**2. FULL NAME**

Henry Jones Isolation  
(a) Residence No. 602 Marshall St., 13 Ward.  
(Usual place of abode) Valley Park

Valley Park, Mo.  
(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 <u>Male</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov 10, 1907</u>					
7. AGE		YEARS <u>21</u>	MONTHS <u>20</u>	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer					
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>					
PARENTS	10. NAME OF FATHER <u>John Jones</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill.</u>				
	12. MAIDEN NAME OF MOTHER <u>Ida Paine</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>				
14. INFORMANT <u>Ida Jones</u> (Address) <u>602 Marshall</u>					
15. FILED <u>23</u> <u>1929</u> <u>Mo</u> REGISTRAR					

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/22 1929

17. I HEREBY CERTIFY, That I attended deceased from 1/19, 1929, to 1/22, 1929 that I last saw him alive on 1/22, 1929 and that death occurred, on the date stated above, at 3:15 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

18  
Endemic Cerebro-Spinal Meningitis  
(duration) ..... yrs. .... mos. 6 ds.

CONTRIBUTORY (SECONDARY) 24  
(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 602 Marshall  
IF NOT AT PLACE OF DEATH Valley Park, Mo.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF .....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS? Cerebro spinal  
(Signed) Chas H. Wm M. D.

1/22, 1929. (Address) Bood Arsenal 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 <u>Valley Park Cemetery</u>	DATE OF BURIAL <u>1/24/</u> 19 <u>29</u>
20. UNDERTAKER <u>Louisa H. Bopp</u>	ADDRESS <u>Kirkwood Mo.</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

