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

Do not use this space.

35816

791
1003

File No.
Registered No. 10619

1. PLACE OF DEATH

County
Township
City St Louis (No. Deaconess Hosp St. Ward)

Registration District No.
Primary Registration District No.

2. FULL NAME Rosie Jones

(a) Residence. No. Valley Park St., 11 Ward. Valley Park - Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	Wh	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 19-1882

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
47	7	10	

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

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

PARENTS
10. NAME OF FATHER Neal Griffith
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Mandie Hanson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Newton Jones
(Address) 709 Benton Valley Park Mo.

15. FILED OCT 29 1929 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 29 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 9, 1929, to, 19..., that I last saw h... alive on Oct 28, 1929, and that death occurred, on the date stated above, at 7 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer Cecum
450
130
Developed into nephritis
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Exhaustion
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Don't know
DID AN OPERATION PRECEDE DEATH? yes DATE OF month or so
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Examination
(Signed) E. A. Baden, M. D.
10/29/29 (Address) Deaconess Hosp.

*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
Sullivan Mo	11/1/ 1929
20. UNDERTAKER	**ADDRESS**
Louis H Popp	Kirkwood 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.

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

O. Brock -
Babler Met Bldg