

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

Do not use this space.

2873

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. 4530 A) Delmar

File No. ....

Registered No. 318

St. .... Ward)

**2. FULL NAME** William M. Jones

(a) Residence. No. 4530 A Delmar St. 15 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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>Married</u>
-----------------------	----------------------------------	--

5a. IF MARRIED, WIDOWED, OR DIVORCED  
 \*HUSBAND OF  
 (OR) WIFE OF Elizabeth Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 2 1871

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>58</u>	<u>8</u>	<u>8</u>	

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

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

10. NAME OF FATHER Louis B. Jones

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

12. MAIDEN NAME OF MOTHER Annetta Sears

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

14. INFORMANT Mrs. Elizabeth Jones  
 (Address) 4530 A Delmar Ave

15. FILED Jan 10 1930 W. C. Barker  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1930 to Jan 10 1930.  
 that I last saw him alive on Jan 9 1930, and that death occurred, on the date stated above, at 8:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Acute abscess of the prostate gland, cause unknown  
137  
 (duration) 36 hrs. mos. ds.

CONTRIBUTORY (SECONDARY) 137  
 (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 137  
 IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
 WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS Physical examinat  
 (Signed) M. D. Jennings M. D.

Jan. 10, 1930 (Address) 4101 Washington Blvd.  
 \*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 St. Peter - Paul Cemetery DATE OF BURIAL Jan 13 1930

20. UNDERTAKER Jungshauer Bros ADDRESS 4104 Manchester

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.

154  
2

