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.

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

Do not use this space.

14238

1. PLACE OF DEATH

County ..... Registration District No. 78 ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3576

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Henry Jones

(a) Residence. No. 2329 Scott St., W Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 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)
Male	Col	Married

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

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

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
About 29	—	—	

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

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

PARENTS
10. NAME OF FATHER Wm. James
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ala
12. MAIDEN NAME OF MOTHER Nora Dawson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ala

14. INFORMANT A. Gertrude Creath
(Address) City Hospital #2

15. FILED APR 10 1930, 19 Max C. Harkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-5-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-19-, 1930 to 4-5-, 1930 that I last saw him alive on 4-5-, 1930 and that death occurred, on the date stated above, at 7 55 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia
108
(duration) yrs. mos. 12 ds.

CONTRIBUTORY (SECONDARY) 101a
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? X-Ray

(Signed) A. E. Hale, M. D.
4/7/1930 (Address) City Hospital #2

*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 Washington Park Lem. DATE OF BURIAL 4-12-1930

20. UNDERTAKER People's Und. Co. ADDRESS 3100 Franklin