

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

Do not use this space.

14805

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1007
 City St. Louis (No. Mu Baptist Sanitarium) St. Ward)

2. FULL NAME

Jamar W Jones
 (a) Residence No. 7052 Fonythe St. 12 Ward. Clayton
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 15 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 10 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Rail Road black
 (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) St. Louis

10. NAME OF FATHER Wm W Jones

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

12. MAIDEN NAME OF MOTHER Ellen Fitzpatrick

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

14. INFORMANT Wm J Jones
 (Address) 7052 Fonythe

15. FILED Max E Parkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 - 1930

17. I HEREBY CERTIFY, That I attended deceased from July 30 1928 to April 26 1930, and that I last saw him alive on April 25 1930 and that death occurred, on the date stated above, at 8:20 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of the tongue
450

(duration) 2 yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY) 4-3

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Granite City Ill
 IF NOT AT PLACE OF DEATH, only Rheum - July 1928.

3 Did an OPERATION PRECEDE DEATH and with extraction. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS microscopic of Sherrin
 (Signed) Wm J Jones M. D.

4-26 .1930 (Address) 3720 Washington

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CASES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary 4-28 1930

20. UNDERTAKER ADDRESS

Arthur J Donnelly 2059 Wash St

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.

Mr. Geo. Sherwin

3720 Michigan

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