JUN 27 1930

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

Do not use this space.

17251

File No.

Registered No. 134

1. PLACE OF DEATH

County St. Louis. Registration District No. 1123

Township CARONDELET Primary Registration District No. 823 B

City Jefferson Barracks (No. Missouri. U.S. VETERANS HOSPITAL St. Ward)

2. FULL NAME Raymond L. Jones

(a) Residence. No. 2333 Gaebler Ave. St. Overland, Missouri. Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred Un yrs. kn mos. own 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	white	Married

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rose Jones

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 26, 1889

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
40	40	8	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Chauffeur

(b) General nature of industry, business, or establishment in which employed (or employer) -

(c) Name of employer -

9. BIRTHPLACE (CITY OR TOWN) Palmyra
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Charles B. Jones

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

12. MAIDEN NAME OF MOTHER Jenny Wills

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

14. INFORMANT C.H. SMITH, M.D., Clinical Director
(Address) U.S.VET. Hosp. JeffersonBrks, Mo.

15. FILED May 2 1930 L. C. Obrock M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1930

17. I HEREBY CERTIFY, That I attended deceased from April 22, 1930, to May 2, 1930 that I last saw him alive on May 2, 1930 and that death occurred, on the date stated above, at 7:15 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ruptured Duodenal Ulcer

(duration) Un yrs. kn mos. own ds.

CONTRIBUTORY (SECONDARY) Terminal Bronchopneumonia

(duration) Un yrs. kn mos. own ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? Yes DATE OF April 23, 1930

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Operation, Clinical and Laboratory Findings.

(Signed) W.C. GIBSON, M.D., Medical Officer In Charge, M.D.

, 19 (Address) USVET. Hosp. JeffersonBrks, Mo.

*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.

PLACE OF BURIAL, CREMATION, OR REMOVAL Jeff Barks. DATE OF BURIAL May 5 1930

20. UNDERTAKER Geo. Kriegshauser 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.

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