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.

2978

1. PLACE OF DEATH

County ..... Registration District No. 791 ~~1003~~ File No. .....

Township ..... Primary Registration District No. ..... Registered No. 127

City St. Louis (No. 3511 Laclede Ave ~~St.~~ ..... Ward)

2. FULL NAME Edward Jones

(a) Residence. No. 3511 Laclede Ave ~~St.~~ 21 Ward. .....
(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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 31, 1879

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
52	0	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Porter 245
(b) General nature of industry, business, or establishment in which employed (or employer): Union Station
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Louisiana 2

PARENTS

10. NAME OF FATHER Ephram Jones
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) La
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Not Known 31

14. INFORMANT Mrs. E. Jones
(Address) 3511 Laclede

15. FILED JAN -5 1931 19 [signature] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 3 1931

17. I HEREBY CERTIFY, That I attended deceased from 12-19, 1930, to Jan 3, 1931 that I last saw him alive on Jan 3, 1931, and that death occurred, on the date stated above, at 4 15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic valvular heart disease 92A

(duration) Not Known yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Not Known

(duration) ..... yrs. ..... mos. ..... ds.

92A

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & History

(Signed) K D Robinson, M. D

1/4, 1931 (Address) 4 N Channing Ave

*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. Peters
DATE OF BURIAL: Jan. 7 1931

20. UNDERTAKER: J H Harrison
ADDRESS: 2906 Lawton

Dr. Robinson
4 N. Channing