

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

Do not use this space.

22773

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1170 File No. \_\_\_\_\_  
 Township Central Primary Registration District No. 624878 Registered No. 167  
 City Richmond, Heights. (No. St. Mary's Hospital.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** William Henry Jones

(a) Residence. No. 915 Dwyer St. St. \_\_\_\_\_ 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** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
(write the word)

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

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Feb. 12, 1858

**7. AGE** YEARS MONTHS DAYS **IF LESS than 1 day, hrs. or min.**  
73 4 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Day Laborer 237  
 (b) General nature of industry, business, or establishment in which employed (or employer).  
 (c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)** Kentucky  
 (STATE OR COUNTRY)

**10. NAME OF FATHER** Don't know.

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

**12. MAIDEN NAME OF MOTHER** May McCormick

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

**14. INFORMANT** Barbara Jones  
 (Address) 915 Dwyer Ave., Kirkwood, Mo.

**15. FILED:** 7/2 19 31 Ed. Jensen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jun. 28 19 31

**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_, alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at 10:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Myocarditis.

930  
1337

**CONTRIBUTORY (SECONDARY)** Pyelitis.  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH. St. Louis County.

**0 DID AN OPERATION PRECEDE DEATH?** No. DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Medical history.

(Signed) John O'Connell, M. D.  
6/30, 1931 (Address) Coroner of St. Louis County.

\*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** Oak Hill Cemetery **DATE OF BURIAL** Jul 2 1931

**20. UNDERTAKER** Louis H. Bopp **ADDRESS** Kirkwood

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.

