

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City Roch Mo

Registration District No. 1123

Primary Registration District No. 6248 B

File No. 20353

Registered No. 137
St. _____ Ward)

2. FULL NAME

(a) Residence No. Wesley Jones
(Usual place of abode) Roch Mo

4412 Garfield Ave

Length of residence in city or town where death occurred yrs. _____ mos. 24 ds.

How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m. 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 Sylvia Meyers

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ mln.
38 2 20

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) (Private Family)
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Wesley Jones

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Koch Hosp. Records
(Address) Koch Mo

15. FILED Aug 31 1931 L. C. Obink
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 25th 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 1st 1931 to Aug 25th 1931, that I last saw h. in alive on Aug 25th 1931, and that death occurred, on the date stated above, at 10:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Far Advanced Pulmonary Tuberculosis
with
Diabetes Mellitus
with
59 (duration) yrs. 6 mos. 16 ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus
(duration) 7 yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH 4412 Garfield
DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS Gray @ Spitem Blood Chemistry
(Signed) Ray Morgan M. D.

876, 1931 (Address) Koch Hosp, Koch 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grace Miss.
DATE OF BURIAL Aug 30 1931

20. UNDERTAKER W. C. Borden
ADDRESS 2649 Morgan

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.

