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.

NOV 23

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

Do not use this space.

33702

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1100

City St. Joseph, (No. 3415 Monterey Street St. Ward)

2. FULL NAME Philip G Jones

(a) Residence, No. 3415 Monterey St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 yrs. mos. 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	Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January. I. 1867.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	9	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Lather

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Employer

10. Date deceased last worked at this occupation (month and year) Aug. 15 1931

11. Total time (years) spent in this occupation 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana

FATHER

13. NAME Thomas F Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio.

MOTHER

15. MAIDEN NAME Julia Terwilleger

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio

17. INFORMANT (ADDRESS) Josephine Bollinger 3415 Monterey Str

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Olivet Cemt DATE Oct. 28 1931

19. UNDERTAKER (ADDRESS) H. O. Sidenfaden 1802 Union Street

20. FILED 10-28, 1931 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October. 27. 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 23, 1931 to Oct 27, 1931

I last saw him alive on Oct 27, 1931. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Coronary Thrombosis	Oct 23 d 1931
94B	

Other contributory causes of importance:
Coronary Sclerosis
Arterio Sclerosis general
Hypertension secondary (unknown)

Name of operation none Date of

What test confirmed diagnosis? Clinical Findings Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) H W Carley, M. D.

(Address) St Joseph Mo

301 Pub Bldg