

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

Do not use this space.

42120

1. PLACE OF DEATH

County ST. LOUIS Registration District No. 1123
Township CARONDELLET Primary Registration District No. 6248 A
City (No. 242 Pardella) St. _____ Ward _____

File No. _____
Registered No. 449
St. _____ Ward _____

2. FULL NAME

William P. Jones
(a) Residence, No. 242 Pardella 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Susan Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11-1870</u>		
7. AGE	YEARS <u>61</u>	MONTHS <u>6</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>self</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 12 1931

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1931, to 12/14, 1931.
I last saw him alive on 12/13, 1931. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance were as follows:
Acute myocarditis Date of onset _____
93A
93B
Other contributory causes of importance:
Unknown

MOTHER	12. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>E. Carondelet Illinois</u>
	13. NAME <u>James Jones</u>
	14. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Nancy Crittender</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN), (STATE OR COUNTRY) <u>Missouri</u>
	17. INFORMANT <u>Mrs Pearl Smith</u> (ADDRESS) <u>242 Pardella</u>
	18. BURIAL, CREMATION, OR REMOVAL <u>Palmer Hill Cemetery</u> PLACE <u>Columbia Ill</u> DATE <u>Dec 16 1931</u>
	19. UNDERTAKER <u>S. Koppmeister</u> (ADDRESS) <u>7514 S. Broadway</u>
20. FILED <u>137-15</u> 19 <u>31</u> <u>L. C. Obrod.</u> Registrar.	

Name of operation none Date of _____
What test confirmed diagnosis? none 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?
If so, specify _____
(Signed) C. R. Hawkes, M. D.
(Address) 7719 Michigan

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 UNFADING INK—THIS IS A PERMANENT RECORD

