

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

Do not use this space.

14143

1. PLACE OF DEATH

County Registration District No. **70th**
 Township Primary Registration District No. **1003**
 City St Louis (No. 2715, Washington Ave St. 3474 Ward)

2. FULL NAME

Allen A Jones
 (a) Residence, No. 2715 Washington St., 21 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Cold 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) apl. 7, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 . - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor 236

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

13. NAME Gilbert Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

15. MAIDEN NAME Lucretia Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mary Jones
2715 Washington

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE apl. 10 1932

19. UNDERTAKER (ADDRESS) J. H. Harrison
2906 Lawton Ave.

20. FILED: PH - 8 19 Mar 2 1932

Max C. Parker Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-5, 1932, to 4-7, 1932. I last saw him alive on April 7, 1932. Death is said to have occurred on the date stated above, at 9 P. M. The principal cause of death and related causes of importance were as follows:

Acute Regurgitation
92-11
 Other contributory causes of importance: 1

Name of operation Date of
 What test confirmed diagnosis? Phys Was there an autopsy?

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) O. F. Pender M. D. (Address) 2746 Clark Ave

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.

WHITE PAPER WITH UNFADING INK—THIS IS A PERMANENT RECORD

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