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

Do not use this space.

18794

1. PLACE OF DEATH

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

Township — Primary Registration District No. 1001 — Registered No. 632

City St. Joseph. (No. 825 Warsaw Avenue. St. Ward)

2. FULL NAME Earl Sylvester Jones.

(a) Residence, No. 825 Warsaw Avenue. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 (*write* the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 2, 1886.

7. AGE: YEARS 46 — MONTHS 4 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Chauffeur
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. J.A.Warner. 101
10. Date deceased last worked at this occupation (month and year) 5 Years
11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County, Missouri. 1

FATHER

13. NAME James C. Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown. Illinois. 2

MOTHER

15. MAIDEN NAME Martha A. Sersey.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry County. Missouri. 1

17. INFORMANT (ADDRESS): Mrs Bessie Jones. 825 Warsaw Avenue.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Savannah Mo. DATE June 30, 1932

19. UNDERTAKER (ADDRESS): W.O. Sidenfaden 1802 Union Street.

20. FILED JUN 28 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 26, 1932, to June 27, 1926
I last saw him alive on June 27, 1932. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Mitral Insufficiency

Date of onset

Other contributory causes of importance:

Acute gastro enteritis

Name of operation None Date of

What test confirmed diagnosis? Clinical 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) Leroi Beck, M. D.
(Address) St. Joseph, Mo.

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 PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JUL 21 1932