WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 30873

Township ..... Primary Registration District No. ..... Registered No. 8587

City St. Louis (No. Barnes Hospital St. ..... Ward)

2. FULL NAME Marion Jones

(a) Residence, No. 1418 Francis St., 21 Ward. City
(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 Male | 4. COLOR OR RACE Col. | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE Abt. YEARS 54 MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) New Haven, Mo. 1

FATHER

13. NAME Fred Jones

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

MOTHER

15. MAIDEN NAME Mary F. Gilmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. Elizabeth Jones 1418 Francis St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Haven, Mo. DATE 9/26 1932

19. UNDERTAKER (ADDRESS) C. W. Roberts 3235 Lucas Ave.

20. FILED SEP 25 1932 Max C. [illegible] Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 7, 1932, to Sept 21, 1932

I last saw him alive on Sept 21, 1932. Death is said to have occurred on the date stated above, at 5:20 pm.

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

Carcinoma of the stomach
Cerebral embolus (?) as a terminal event
46B
82B
87B
46B

Date of onset

Other contributory causes of importance:
Gastrostomy Operation

Name of operation ..... Date of .....

What test confirmed diagnosis? Operation Was there an autopsy? Yes

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) F R Bradley, M. D.

(Address) Barnes Hospital