

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

Do not use this space.

37597

1. PLACE OF DEATH

County..... Registration District No. 1207
 Township..... Primary Registration District No. 1000
 City Saint Louis (Ne Emment City Hospital #2)
 File No. Registered No. 10274
 St. Ward)

2. FULL NAME Howard Jones

(a) Residence, No. 801 A South 22nd Street 22 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>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>X</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Abt. 1872</u>		
7. AGE YEARS <u>About 60</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Porter 245</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Emerson Electric Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	11. Total time (years) spent in this occupation <u>Unknown</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/19, 1932
 22. I HEREBY CERTIFY, That I attended deceased from No physician 1932
 I last saw h. alive on attend cases Date is said to have occurred on the date stated above, at 6:30 A. m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocardite

Other contributory causes of importance:
930
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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..... 7 X

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify.....
 (Signed) T. J. Emma
 (Address) Explorator

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Warren County, Missouri</u>
	13. NAME <u>Edmond Jones</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>
	15. MAIDEN NAME <u>Clarissa Kyle</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u>
	17. INFORMANT (ADDRESS) <u>Arthur Jones 801 A South 22nd Street</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Pl. DATE 11/21 1932</u>
	19. UNDERTAKER (ADDRESS) <u>Charles J. Gatis 4107 Sprague Avenue</u>
	20. FILED <u>NOV 21 1932</u> 19..... <u>W. J. Starnes</u> Registrar. <u>11/19/32</u>

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 COPY GOES TO THE OFFICE OF THE REGISTRAR. THIS IS A PERMANENT RECORD

