

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

Do not use this space.

18581

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 100  
 City St. Louis (No. Enroute City Hospital #3)..... Ward

File No. ....  
 Registered No. 4822

**2. FULL NAME**

Norman Jones  
 (a) Residence, No. 231 So Beaumont St...... Ward 22  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt 37

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 92  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labour  
 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) Mississippi

13. NAME C. J. Jones

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

15. MAIDEN NAME unknown

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

17. INFORMANT Amie Williams (ADDRESS) 231 So Beaumont St

18. BURIAL, CREMATION, OR REMOVAL PLACE Prison, Banzard DATE 5-3 1933

19. UNDERTAKER W. Atkins (ADDRESS) 3317 Morgan St

20. FILED UN -2 1933 J. Bredick Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....  
 I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:25 a.m.  
 The principal cause of death and related causes of importance were as follows:

Occlusion of Right Coronary Artery

Other contributory causes of importance: 99

Name of operation..... Date of.....  
 What test confirmed diagnosis?..... 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?  
 If so, specify.....  
 (Signed) Harold P. Jones  
 (Address) Deputy Coroner

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.

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2  
2  
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5/29/33

