

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

Do not use this space.

24895

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 1019  
 City St. Louis Mo. (No. 5343 Blow St. St. .... Ward) (Registered No. 6310)

**2. FULL NAME** Elvie L. Jones

(a) Residence, No. 5343 Blow St., 7 Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred Info mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Jones  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1881  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 52 5 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. custodian  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. High school  
 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 Mexico

MOTHER 13. NAME John C. Jones

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Mexico  
Kansas

MOTHER 15. MAIDEN NAME Lydian M. Gibler

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Anna Jones  
(ADDRESS) 5343 Blow St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE July 22, 1933

19. UNDERTAKER John F. Ziegenhien  
(ADDRESS) 7027 Grand

20. FILED Li 19 33 J. F. Bredeck  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20, 19 33

22. I HEREBY CERTIFY That I attended deceased from

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:20 p.m.

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

Chr. Myocarditis  
Bilateral Nephritis  
131  
980  
Other contributory causes of importance: 131

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 R. Chubb

(Address) Quincy, Mo.

7/21/33

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.

AUG 26 1933

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