

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

Do not use this space.

47

42223-47

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **2945 - Linton Blvd City Hosp #2**) File No.
 Registered No. **71**
 St. Ward

2. FULL NAME

William Jones
 (a) Residence, No. **2921 - Howard** Ward **20**
 (Usual place of abode)
 Length of residence in city or town where death occurred **54** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-8-1879**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 2 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Laborer**
 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) **St. Louis Mo**

FATHER
 13. NAME **Frank Jones**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

MOTHER
 15. MAIDEN NAME **Laura ?**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**

17. INFORMANT (ADDRESS) **A. Anderson 2945 - Linton City Hosp #2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park Jan 3 1933**

19. UNDERTAKER (ADDRESS) **Thos Perkins 7387 Locust**

20. FILED **Jan 2 1933**

J. F. Bredbeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-22-1933**

22. I HEREBY CERTIFY, That I attended deceased from **12-20-1933** to **12-22-1933**

I last saw him alive on **12-22-1933**. Death is said to have occurred on the date stated above, at **8:05 a.m.**

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

Carcinoma of Liver
46E

Date of onset **12-20-33**

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis Was there an autopsy?

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 **Hernia**
 (Signed) **Henry L. Anderson** M. D.
 (Address) **2945 - Linton City Hosp #2**

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.

