

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

Do not use this space.

2427

1. PLACE OF DEATH

County St. Louis Registration District No. 788
Township Central Primary Registration District No. 4471
City Webster Groves (No. 521 Clark Avenue) St. _____ Ward _____

File No. _____
Registered No. 12

2. FULL NAME Samuel Elliott Jones

(a) Residence, No. 521 Clark Avenue St. _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 11 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED Husband of
Mabel Grace (Moore) Jones

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 30, 1857

8. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 0 22

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Traffic manager
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Offices of Agriculture Mch. Co.
11. Date deceased last worked at this occupation (month and year) 1928 11. Total time (years) spent in this occupation 39

12. BIRTHPLACE (CITY OR TOWN) Decatur, Morgan County
(STATE OR COUNTRY) Alabama

13. NAME John Wesley Jones

14. BIRTHPLACE (CITY OR TOWN) near-Richmond
(STATE OR COUNTRY) Virginia

15. MAIDEN NAME Mary Martha Rather

16. BIRTHPLACE (CITY OR TOWN) Tuscombia,
(STATE OR COUNTRY) Alabama

17. INFORMANT Mrs. Mabel Grace Jones (wife)
(ADDRESS) 521 Clark, Webster Groves, Mo.

18. BURIAL PLACE Bellefontaine Cemetery
St. Louis, Mo. DATE Jan. 24, 1934

19. UNDERTAKER Allen W. W. Laughlin
(ADDRESS) 35 W. Lockwood, Webster Groves, Mo.

20. FILED 1-24, 1934 Jules R. York
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 15th, 1934, to Jan. 22nd, 1934
I last saw him alive on Jan. 22nd, 1934. Death is said to have occurred on the date stated above, at 2 P. m.

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

Pneumonia
Right lobe
108
Typhoid
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence) all in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1934

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 _____

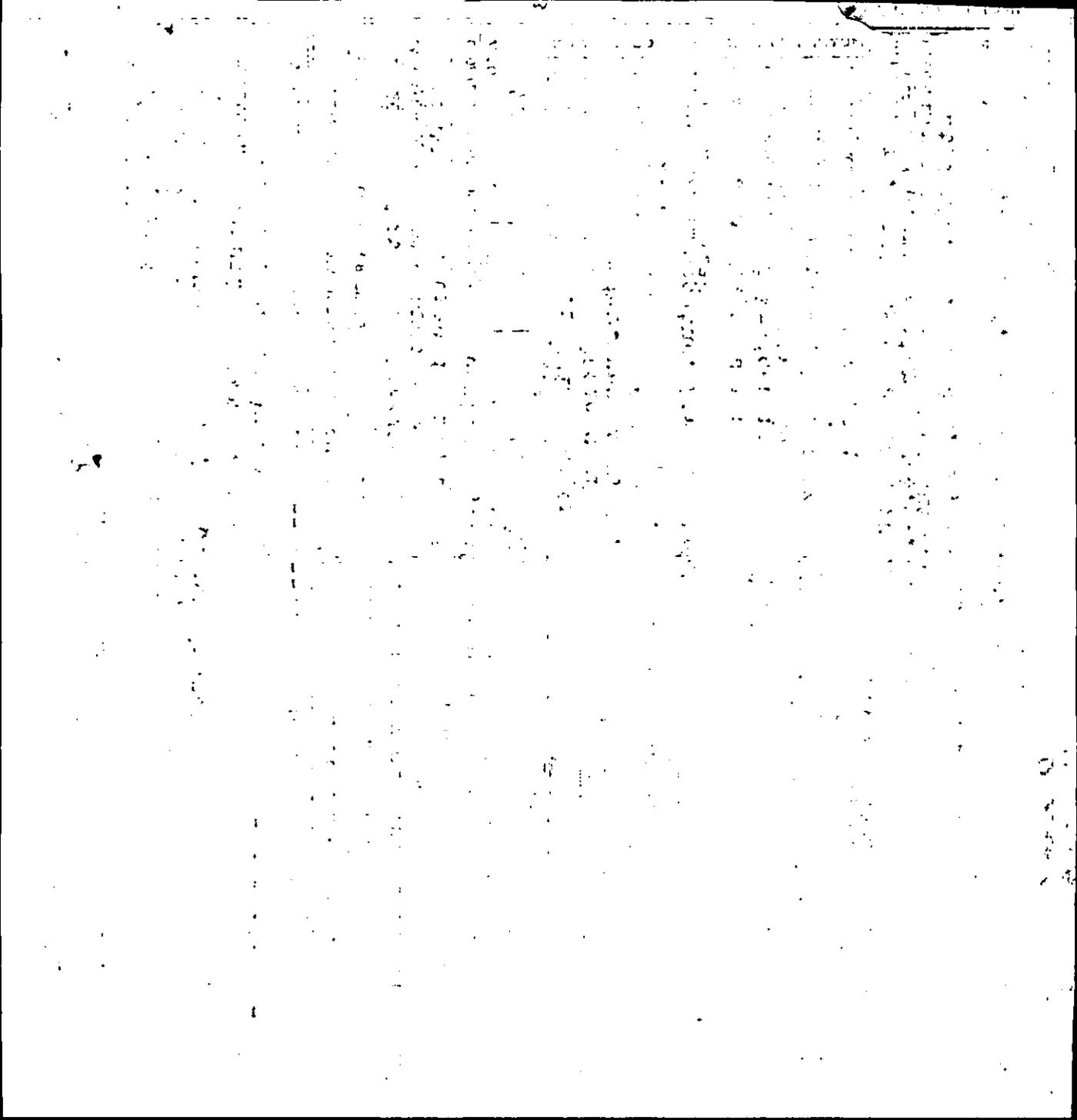
Signature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify _____

(Signed) W. Alexander Smith, M. D.

(Address) Webster Groves



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis
Township
City Webster Groves (No.)

Registration District No. 788
Primary Registration District No. 4471

File No. 2427
Registered No.
St. Ward)

2. FULL NAME

Samuel Elliott James

(a) Residence, No. St., Ward.
(Usual place of abode)
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.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS 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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. UNDERTAKER (ADDRESS)

20. FILED 1-24-1934 Jules R. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1934

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw him alive on ... 19... Death is said to have occurred on the ... stated above, at ... m.

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

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 ...

(Signed) ... M. D.
(Address) ...

SUPPLEMENTARY

NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-2427