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.

FEB 27 1934

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

Do not use this space.

2853

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 493

City St Louis (No. City Hospital St. ..... Ward)

16644

2. FULL NAME Chas Jones

(a) Residence, No. 517 Rutgers St., W Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 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~~ Grace Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 29-1906

7. AGE YEARS 27 MONTHS 5 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. C. N. A.

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) Missouri

FATHER

13. NAME Henderson Jones

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

MOTHER

15. MAIDEN NAME Margaret Williams

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

17. INFORMANT (ADDRESS) Hosp Ing Dr Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE Knob Lick Mo. DATE Jan. 15-34

19. UNDERTAKER (ADDRESS) A. W. McLaughlin 1631 Missouri Ave

20. FILED ..... 19 ..... J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1/4, 1934, to 1/13, 1934

I last saw him alive on 1/13/34, 1934. Death is said to have occurred on the date stated above, at 1:22 m.

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

Acute Yellow Atrophy of Liver

Date of onset

Other contributory causes of importance:

Broncho pneumonia

Lues

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) L. L. Good, M. D.

(Address) City Hospital