

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis Mo.** (No. **1906**, **N. Sarah St.** St. **7182** Ward)

2. FULL NAME

Herbert O Jones
 (a) Residence, No. **1906 N. Sarah St.** Ward. **11**
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **3** 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**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 14th 1871**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 **4** **6**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Iron Worker**

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) **Jan 1 1930** **11. Total time (years) spent in this occupation** **30**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New London, Mo.**

13. NAME **Hadage Jones**

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

15. MAIDEN NAME **Alice Glasebrook**

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

17. INFORMANT (ADDRESS) **Mary Jones, 1906 N. Sarah St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crematory** **DATE** **7/23/34**

19. UNDERTAKER (ADDRESS) **Thompson & Sons, 3407 N. Grand Highway**

20. FILED **L 21 1934** **Joe P. Brebeck, Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-20-1934**

I HEREBY CERTIFY That I attended deceased from **July 19**, 19**34**, to **July 20**, 19**34**.
 I last saw him alive on **July 20**, 19**34**. Death is said to have occurred on the date stated above, at **12 P. m.**

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

Chr. Myocarditis
936
97 **936**
 Other contributory causes of importance:
Arterio Sclerosis

Name of operation **Clinical** Date of **no**

What test confirmed diagnosis **Clinical** as there an autopsy? **no**

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) **Joseph P. Johnson, M. D.**
 (Address) **508 N. Grand Ave.**

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 16 1934

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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Winthropway Winston

3402 N. Winthropway