

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

Do not use this space.

APR 9 1935

10660

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City St. Louis (No. St. Lukes Hosp) St. _____ Ward _____

File No. _____
 Registered No. 2277
 St. _____ Ward _____

2. FULL NAME

Thomas R. Jones
 (a) Residence, No. # 4214 Westminster
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. 19 (If nonresident, give city or town and State)
 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 Mrs. E. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 - 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 11 24

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Salesman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unemployed

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) Rochester N.Y.

13. NAME Nelson Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unknown) N.Y.

15. MAIDEN NAME Susan Rollin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) (Unknown) N.Y.

17. INFORMANT (ADDRESS) This Mr. Jones #4214 Westminister

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Lebanon DATE 3-11-1935

19. UNDERTAKER (ADDRESS) D.P. Supton & Sons #4149 Olive St.

20. FILED MAR - 9 1935 J. F. Briedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 8, 1935

22. I HEREBY CERTIFY That I attended deceased from 29 to 8 1935

I last saw him alive on Mar 8, 1935 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Cerebral hemorrhage (left side) Date of onset Mar 1, 1935

Other contributory causes of importance: Hypertension asthma 5 decoria

Name of operation none Date of _____
 What test confirmed diagnosis autopsy Was 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? no
 If so, specify _____

(Signed) Howard Orsak M. D.
 (Address) 1300 North 13th

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

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.

3720 Washington