

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.

APR 9 1935

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township.....
 City..... (No.)

791
 Registration District No.
 Primary Registration District No. 1003
 City St. Louis

10833
 File No.
 Registered No. 2455
 St. St. Ward

2. FULL NAME

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 15 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) Separated
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry J. Jones		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 24, 1892		
7. AGE 42	YEARS 6	MONTHS 16
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Hook		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
13. NAME Andrew R. Anderson		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
15. MAIDEN NAME Isabelle Brown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois		
17. INFORMANT (ADDRESS) Warp Jay M. Keas 461 East Fair Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Mar. 15, 1935		
19. UNDERTAKER (ADDRESS) Math. Hermann and Son 461 East Fair Ave. MAR 14 1935		
20. FILED 19. Jos. J. Bredeck Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/12, 1935

22. I HEREBY CERTIFY, That I attended deceased from 11:30, 1935, to 3:12, 1935.
 I last saw him alive on 3/12, 1935. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:
 Boleyn's T. Gravel tumor
 Date of onset

Other contributory causes of importance: 53

Name of operation Craniotomy Date of 4/10/35
 What test confirmed diagnosis? Was there an autopsy? Yes

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) J. J. Sully M. D.
 (Address) 461 East Fair Ave.

