

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.

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

Do not use this space.

MAY 13 1935

14930

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **East Gate City**) (No. **1003**) St. **12** Ward)

File No.
 Registered No. **3809**

2. FULL NAME

Billy Jones
 (a) Residence, No. **3229 Lucas ave** St. **21** Ward.
 (Usual place of abode) **5th floor** (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. **3** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Child**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 24, 1935**

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **march, 17/35**

....., 19....., to....., 19.....

7. AGE YEARS MONTHS DAYS if LESS than 1 day,hra. ormin.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:30** a.m.

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. **Child**
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

Pneumonia (no previous disease)
 Other contributory causes of importance: **1070**

13. NAME **Andrew Jones**

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Memphis Tenn**

What test confirmed diagnosis?..... Was there an autopsy? **No**

15. MAIDEN NAME **Ida Banks**

23. If death was due to external causes (violence), fill in also the following:

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

Accident, suicide, or homicide?..... Date of injury....., 19.....

17. INFORMANT **Andrew Jones**

Where did injury occur?..... (Specify city or town, county, and State)

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Burial** DATE **4/26** 19**35**

Specify whether injury occurred in industry, in home, or in public place.

19. UNDERTAKER **John Jackson Jordan**

Manner of injury.....

20. FILED **26** 19**35** 19.....

Nature of injury.....

Registrar. **J. W. Redbeck**

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) **Harold H. Drury** M. D.
 (Address) **St. Louis**

