

JUL 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..... *St. Louis, Mo.*

Registration District No. *791*
Primary Registration District No. *1008*
(No. *City Hospital No. 2*)

File No. *25037*
Registered No. *6491*
St. Ward

2. FULL NAME

William Jones
(a) Residence, No. *1710 - N 10th* St. *26* Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 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 <i>Male</i>	4. COLOR OR RACE <i>Negro</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Olivia Jones</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<i>about</i>	<i>55</i>			

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>Labour</i>
	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) *Ga.*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ga.*

15. MAIDEN NAME *Mary Wash*

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

17. INFORMANT (ADDRESS) *July Pennington Rhd 2945 - Lawton Bldg*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St Louis U* DATE *7-18* 19*35*

19. UNDERTAKER (ADDRESS) *Walter Richter 3500 Benton St*

20. FILED *30* 1935 19. *J. M. ... Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 15th 1935*

22. I HEREBY CERTIFY That I attended deceased from *7-12-1935* to *7-15-1935*
I last saw him alive on *7-15-1935* Death is said to have occurred on the date stated above, at *6:35 A.M.*

The principal cause of death and related causes of importance were as follows:
Degenerative Heart Disease
Gastric Malignancy

Other contributory causes of importance:
46

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* 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?
If so, specify.....
(Signed) *James B. Harris, M.D.*
(Address) *2945 - Lawton Bldg*

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.

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2945 - Lawton Bldg

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