

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.

MAY 7 1936

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

Do not use this space.

17712

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City St. Louis

(No. 1023 Dolman St.)

File No.

Registered No. **4495**

St. Ward)

2. FULL NAME Theodore J. Jones

(a) Residence, No. 1023 Dolman St. St. 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1910

7. AGE

YEARS
25

MONTHS
9

DAYS
24

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Machinist

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

Automobile

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)

Illinois

FATHER

13. NAME Ray Jones

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

Kelso, Mo.

MOTHER

15. MAIDEN NAME Mayme Miller

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

New Madrid Missouri

17. INFORMANT (ADDRESS)

Arthur M. Burk 1023 Dolman St.

18. BURIAL, CREMATION, OR REMOVAL PLACE

St. Matthews Cem. DATE April 27 36

19. UNDERTAKER (ADDRESS)

W. W. McLaughlin 2501 Lafayette Ave.

20. FILED

APR 24 1936

J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 20th 1936, to April 24th 1936. I last saw him alive on April 23rd 1936. Death is said to have occurred on the date stated above, at 5:20 A.M.

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

April 17th 1936
Uremic infection
from acute pharyngitis
Chronic barocystomatous nephritis

Other contributory causes of importance:

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 P. Richard, M. D.
(Address) 3948 Lafayette Ave

