

JUN 26 1936

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

Do not use this space.

21604

1. PLACE OF DEATH

County.....

Township.....

City.....

Registration District No. 1170

Special Registration District No. 116248H

File No.

Registered No. 150

St.

Ward)

2. FULL NAME

(a) Residence, No. 5182 Gage

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 15 1858		
7. AGE	YEARS 78	MONTHS 7
	DAYS 13	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Paper mill	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
	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) St Louis Mo	13. NAME Richard Jones
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky	15. MAIDEN NAME Margaret Jones
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cochran Mo	17. INFORMANT (ADDRESS) Paul Jones
18. BURIAL, CREMATION, OR REMOVAL PLACED IN COFFIN DATE May 12 1936		
19. UNDERTAKER (ADDRESS) J. J. Linton		
20. FILED May 12 1936 Tertrude Porter Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1936

22. I HEREBY CERTIFY, That I attended deceased from 3-7 1936 to 5-11-36 1936.

I last saw him alive on 5/11/36 1936. Death is said to have occurred on the date stated above, at 7:00 AM.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Broncho Pneumonia Rt 4/30

Date of onset

Other contributory causes of importance:
Spontaneous Aneurism
Myocardial Infarction
Hypertrophy of Prostate

Name of operation: _____ Date of: _____

What test confirmed diagnosis? Clinical 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, at 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) Dr. J. J. Brady M.D.
(Address) 200 & 1/2 North 1st St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr Wade