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

Do not use this space.

FEB 8 1937 791

File No. 4257

Registered No. 1318

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. 003

City St. Louis, Mo. (No. City Hospital No. 2 / ..... St. ..... Ward)

2. FULL NAME Fred Jones

(a) Residence, No. 1404 N. 22 nd St., 21 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 19 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Separated

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 15, 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	54	2	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. common 809

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) Mississippi 2

FATHER

13. NAME Buck Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

MOTHER

15. MAIDEN NAME Moriah Sanders

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi 2

17. INFORMANT (ADDRESS) Ruby Perdeau 2945 Lawton Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 1/29/37, 19

19. UNDERTAKER (ADDRESS) W. S. Wade Und. Co., 4202 Finney Ave.

20. FILED JAN 29 1937 19 J. S. Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 17, 1937, to Jan. 24, 1937

I last saw him alive on Jan. 24, 1937 Death is said to have occurred on the date stated above, at 10:50 a. m.

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

	Date of onset
ADHESIVE PERICARDITIS	1-17-37

90

Other contributory causes of importance: -----

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

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. Owen Blache, M. D.

(Address) 2945 Lawton

N. B.—Every item of information should be carefully supplied. AGE should be stated as the nearest birthday. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.