MAR 5 - 1937

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

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 8172
Registered No. 1621

1. PLACE OF DEATH
County .....
Township .....
City St Louis Mo (No. City Hospital #1 St. ..... Ward)

2. FULL NAME Raymond Jones
(a) Residence, No. 5041½ Wells St., 6 Ward. (If nonresident, give city or town and State)
(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.

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: nil

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 15 1916

7. AGE: Years 21 | Months nil | Days 19 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 30
10. Date deceased last worked at this occupation (month and year): 30
11. Total time (years) spent in this occupation: 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gas City Ind 31

FATHER
13. NAME: Walter Jones
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Elizabeth Buffington
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Walton Ind

17. INFORMANT (ADDRESS): Mrs Ruth Malloy 5041½ Wells

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memorial Park DATE Feb 5 1937

19. UNDERTAKER (ADDRESS): Mullen Bros 4259 Lindell Blvd

20. FILED FEB 5 - 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Internal Haemorrhage	
following Gunshot wound	
of left Iliac Artery.	

Other contributory causes of importance: Justifiable Homicide

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? Justifiable Homicide Date of injury 2/3, 1937
Where did injury occur? St Louis Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Public Place
Manner of injury: Shot by Police Officer
Nature of injury: Gunshot Wound left Iliac artery

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

(Signed) Joseph M. Brown, M.D.
(Address) Deputy Coroner

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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