

MAR 5 - 1937

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

Do not use this space.

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1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 1754
St. Ward)

2. FULL NAME

MALCON JONES

(a) Residence, No. 3027 MAGAZINE St., 11 Ward.
(Usual place of abode)

(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

3. SEX MALE 4. COLOR OR RACE NEGRO 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, 1936

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. NONE
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 LONNIE JONES

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

15. MAIDEN NAME BEATRICE, Hamilton

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

17. INFORMANT (ADDRESS) LONNIE JONES
3027 Magazine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2, 9 - 1937

19. UNDERTAKER (ADDRESS) Atkins Bros. and Co.
3644 Family Ave

20. FILED FEB 9 - 1937 J. J. Foredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-7-1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 5, 1937, to Feb 7, 1937

I last saw him alive on Feb 7, 1937. Death is said to have occurred on the date stated above, at 2:20 p.m.

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

Intussusception W 7-5

Other contributory causes of importance: Shock

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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? No
If so, specify

(Signed) W. P. Curtis, M. D.
(Address) 219 N. Jefferson

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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