APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis (No. Mo Pac Hosp ..... St. ..... Ward)

File No. 10416

Registered No. 2988

2. FULL NAME Joseph Ellsworth Jones

(a) Residence, No. Y. M. C. A. 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 ..... 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	White	Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
93	~~67~~ 68	2	7	

OCCUPATION

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

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

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) Indiana

FATHER

13. NAME John A. Jones

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

MOTHER

15. MAIDEN NAME Anna E. Sally

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

17. INFORMANT H. J. Mohler
(ADDRESS) Mo Pac Hosp. Asst

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Orleans La DATE Mar 19, 1937

19. UNDERTAKER Robert Johnson
(ADDRESS) Clayton Mo. Jos. Conderdale

20. FILED MAR 17 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-11, 1937, to 3-16, 1937

I last saw him alive on 3-16, 1937 Death is said to have occurred on the date stated above, at 3 30 p m.

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

	Date of onset
Bronchopneumonia	3-10-37

Other contributory causes of importance:

Chronic myocarditis	yrs

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? No.

If so, specify .....

(Signed) R. H. McElroy, M. D.

(Address) Mo Pac Hospital

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

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