

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

Do not use this space.

MAY 18 1937

15802
507

1. PLACE OF DEATH

County Buchanan Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Joseph (No. St. Joseph's Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME James Clyde Jones

(a) Residence, No. 2324 South 6th. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 10 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 Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Lou Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 27, 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>56</u>	<u>5</u>	<u>0</u>	<u>0</u>	

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

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

10. Date deceased last worked at this occupation (month and year) April 1937 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atchison Kansas.

13. NAME James Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wales England

15. MAIDEN NAME Helena N. Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown England

17. INFORMANT Mrs. Ada Lou Jones
(ADDRESS) 2324 So. 6th. Str. St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Atchison, Kansas DATE April 29, 1937

19. UNDERTAKER H. O. Sidenfaden and Son
(ADDRESS) 1802 Union Str. St. Joseph, Mo.

20. FILED Apr 18 1937 H. J. Mattheus
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 27, 19 37

22. I HEREBY CERTIFY, That I attended deceased from April 27th, 1937, to _____, 19____.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 11:55 A.M.

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

Acute Coronary Thrombosis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? History 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 if

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____
(Signature) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg

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.

JUL 10 1944