

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....  
Township.....  
City..... St. Louis

Registration District No. 791

Primary Registration District No. 1008

(No. Missouri Baptist Hosp. St. Ward)

28861

File No. 7494  
Registered No. 7494

2. FULL NAME Arthur D. Jones

(a) Residence, No. 4564 Kensington St. 12 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lucy E. Solomon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1888

7. AGE YEARS 53 MONTHS 11 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Baptist Hosp.  
10. Date deceased last worked at this occupation (month and year) July 10 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon, Mo.

13. NAME Wilson Jones

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

15. MAIDEN NAME Kathlane Franklin

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

17. INFORMANT Lucy E. Jones (ADDRESS) 4564 Kensington

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug 9, 1937

19. UNDERTAKER Cullen & Kelly (ADDRESS) 1416 N. Gay

20. FILED AUG 8 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to Aug 5, 1937. I last saw him alive on Aug 5, 1937. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

acute myocarditis  
chronic carbon tetrachloride  
poison

Date of onset

Other contributory causes of importance:  
audited cerebral  
hemorrhage

Name of operation none 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 1

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) J. P. Attie M. D. (Address) 607 N. Grand

866-2-1

