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.

DEC 12 1938

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

791

Do not use this space.

37827

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. 10154

Township ..... Primary Registration District No. ..... Registered No. 10154

City St. Louis (No. Homer G. Phillips Hospital St. ..... Ward)

2. FULL NAME 520 Henry Jones

(a) Residence, No. 1308 Biddle St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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) |
|---|---|---|
| M | Negro | Single |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 2, 1875

| 7. AGE YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|
| 63 | 10 | 4 | |

OCCUPATION

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. Laborer

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) Mo. 0

FATHER

13. NAME Richard Jones

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

MOTHER

15. MAIDEN NAME Henny ( Unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 0

17. INFORMANT (ADDRESS) Esther Mayo Sherard 2601 N. Whittier

18. BURIAL, CREMATION, OR REMOVAL Farmington Mo

PLACE St Louis U DATE 11-30 1938

19. UNDERTAKER (ADDRESS) W. Richter Co. Jean Funeral Home Farmington Mo 3500 Rutgers St

20. FILED NOV 23 1938 J. F. Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-6- 1938

22. I HEREBY CERTIFY, That I attended deceased from 10-31, 1938, to 11-6-, 1938

I last saw him alive on 11-6-, 1938. Death is said to have occurred on the date stated above, at 8:00 A. M.

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

congestive heart failure 10-31-38

Hypertensive heart disease

gastro intestinal malignancy with obstruction

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? clinical Was there an autopsy? No.

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? .....

If so, specify .....

(Signed) R. C. Hackney, M. D.

(Address) 2601 N. Whittier