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.

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

Do not use this space.

15257
15526

1. PLACE OF DEATH

County ..... Registration District No. 791 1003 File No. 4469

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

City St Louis (No. 4654a Evans Ave. St. ..... Ward)

2. FULL NAME Sarah J Jones

(a) Residence. No. 4654a Evans Ave. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1845

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
82	9	9	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 109 106
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER James Ballard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Unknown

14. INFORMANT Ansel J Jones
(Address) 4654a Evans Ave.

15. FILED APR 24 1928, 19.. Max C Starkoff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 24 1928

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1928, to April 23, 1928 that I last saw her alive on April 23, 1928, and that death occurred, on the date stated above, at 4:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia
100 (duration) ..... yrs. ..... mos. 10 ds.

CONTRIBUTORY (SECONDARY) Chr. Bronchitis
Non Tubercular (duration) 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? clinical —
(Signed) E. B. McCagey, M. D.
4/24/, 1928 (Address) 1400 N. Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Stanberry, Mo.	Apr. 25, 1928
20. UNDERTAKER	ADDRESS
Drehmann Harral	1905 Union

Dr. [illegible]
1400 N Grand
Lindell 2268

9-11
2-4
7-8