

**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. 781
 Township..... City Registration District No. 1003
 City St. Louis No. City Hospital #2 Sl. 28774 Ward) 8242

2. FULL NAME

(a) Residence. No. 3228 Vernon Sl. 5 Ward. (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 21 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
abt. 50

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Maid
 (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) Kansas

10. NAME OF FATHER

Israel Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. MAIDEN NAME OF MOTHER

May Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Wanna F Woodard
 (Address) City Hospital #2

15.

FILED May 21 1928 May 21 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-11-1928

17. I HEREBY CERTIFY That I attended deceased from 8-15-1928, 1928, to 8-11-1928, 1928 that I last saw him alive on 8-11-1928, and that death occurred, on the date stated above, at 12:45 p.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
blv. myocarditis
13 1/2 yrs (duration) not known (duration) not known
 CONTRIBUTORY (SECONDARY) hypertrophied (duration) not known

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? lab
 (Signed) T. L. Cunningham, M. D.
 (Address) 2945 Poplar

*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 St Louis Ill DATE OF BURIAL Aug 15 1928

20. UNDERTAKER Sturshell ADDRESS St Louis Ill

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.

