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.

38804

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 11464

City St. Louis (No. Enroute City Hosp. St. 1 Ward)

**2. FULL NAME** Elnora Jones

(a) Residence. No. 108 E. Haven St., 1 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct 7-1895

7. AGE: 33 YEARS, MONTHS: 1, DAYS: 14, If LESS than 1 day, ..... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife 210 P
(b) General nature of industry, business, or establishment in which employed (or employer): Self 210 P
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.

PARENTS
10. NAME OF FATHER: Johnson Mathews
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.
12. MAIDEN NAME OF MOTHER: Lucinda Horton
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.

14. INFORMANT: Lucille Mathews
(Address) 2021 Olive St.

15. FILED ..... 19 Max C Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 21 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 12:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Shock & Injuries Fractured Skull Due to being thrown from Auto Truck Caused by (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Colliding with another Auto (duration) yrs. mos. ds.

St. Louis Mo.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Accident
DID AN OPERATION PRECEDE DEATH? DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? .....

8/88 Cl

(Signed) J. W. Kemer, M.D.
11/22 1928 (Address) Dep. Coro

*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: Oakdale Cemetery
DATE OF BURIAL: Nov. 26, 1928

20. UNDERTAKER: Elmer E. Vettis
ADDRESS: 3030 Belle Ave.