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

Do not use this space.

13105

1. PLACE OF DEATH

County ..... Registration District No. 791 1009 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3663

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Cornelia Jones

(a) Residence. No. 1128 Brooklyn St., 26 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 10 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

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

7. AGE: abt. 42 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

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

2 3 5

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

2

PARENTS

10. NAME OF FATHER Henry Harding

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

2

12. MAIDEN NAME OF MOTHER Mary Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

2

14. INFORMANT Anna F. Woodard
(Address) City Hospital #2

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

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-20- 1929

17. I HEREBY CERTIFY, That I attended deceased from 3-13- 1929, to 3-20- 1929 that I last saw her alive on 3-20- 1929, and that death occurred, on the date stated above, at 4:55 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chro. Endocarditis c̄
Chr. Myocarditis
(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) 90A
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) T. E. Cunningham, M. D
, 19 (Address) 2945 Carleton

*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: Father Dixon
DATE OF BURIAL: 3.26 1929

20. UNDERTAKER: American Under Co
ADDRESS: 809 N. 19

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.