

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

Do not use this space.

25958

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis, Mo. (No. 5700 Arsenal)

File No.....  
Registered No. 7142  
St. 24th Ward

**2. FULL NAME**

Johnie Mae Jones  
(a) Residence No. 146 Boulevard St. 23 Ward.  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucas</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>max 9 1920</u>		
7. AGE YEARS <u>9</u>	MONTHS <u>3</u>	DAYS <u>25</u>
If LESS than 1 day, ..... hrs. or ..... min.		

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

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

10. NAME OF FATHER Monroe Jones  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Alabama  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Mattie Snider  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Alabama  
(STATE OR COUNTRY)

14. INFORMANT Miss May Headrick  
(Address) Isolation Hospital

15. FILED ALL - 8 1929 May C. Tanky  
19..... REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1929  
17. I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 4, 1929, that I last saw her alive on July 4, 1929, and that death occurred, on the date stated above, at 11:45 P. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
meningitis meningococci

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH? No DATE OF.....  
WAS THERE AN AUTOPSY?.....  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) Rehbeil M. D.  
75, 1929 (Address) 5600 Arsenal

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 7-8-29  
20. UNDERTAKER W.S. Wash ADDRESS 4202 Finney

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.

29-1-25

