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. 791 ..... File No. 41664

Township ..... Primary Registration District No. 1003 ..... Registered No. 916

City St. Louis (No. ISOLATION HOSPITAL St. ..... Ward)

2. FULL NAME Mattie Jones

(a) Residence. No. 2810 N. 10th St., 26 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Fem.	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 17, 1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29	10	14	

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

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

PARENTS

10. NAME OF FATHER Wm. Frenching

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

12. MAIDEN NAME OF MOTHER Lilly Pearson

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

14. INFORMANT Loraine Kroner
(Address) ISOLATION HOSPITAL

15. FILED 23 1931 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 31 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov. 12, 1930, to Dec. 31, 1931, that I last saw her alive on Dec. 31, 1931, and that death occurred, on the date stated above, at 8 30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Tuberculosis of lungs
23 B
110 B (duration) ..... yrs. 4 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Spontaneous pneumothorax (duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH no
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Bacilli in Sputum

(Signed) Henry J. Ulrich, M. D.
12-31, 1930 (Address) ISOLATION HOSPITAL

*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
✓ Pottsfield	✓ 1/23/31

20. UNDERTAKER	ADDRESS
John Schumaker	5800 Arsenal

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.