

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

Do not use this space.

9787

1. PLACE OF DEATH

92 County St. Charles
Township Quinn
City Forestell (No. 760)

Registration District No. #75 760

Primary Registration District No. 5999
Forestell Mo

File No. _____
Registered No. 14 St. _____ Ward)

2. FULL NAME

Yora Jones
Forestell Mo

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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>negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louis Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 1st 1879</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>8</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>335</u>		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Forestell Mo</u>		
13. NAME <u>Sterling Moore</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mattie Pringle</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Ernest Moore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forestell Mo</u> DATE <u>3/30</u> 19 <u>37</u>		
19. UNDERTAKER (ADDRESS) <u>A Russell Under</u> <u>2732 Pine Blvd</u>		
20. FILED <u>3-30</u> 19 <u>37</u> <u>W. C. Caldwell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1932 to March 27, 1932
I last saw him alive on March 27, 1932 Death is said to have occurred on the date stated above, at 1:30 P. m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis
23A
11A
25

Date of onset

Other contributory causes of importance:

Influenza ①

March 17, 1932

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1932

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Phon Muller, M. D.
(Address) Forestell

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.

APR 29 1937

