

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.

11090

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. 2002, Lafayette)

File No.....
Registered No. 3174
St. Ward)

2. FULL NAME Alice Jones

(a) Residence, No. 2002 Lafayette St., 23 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-14-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 7 16

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Ill.

FATHER
13. NAME James Shanahan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

MOTHER
15. MAIDEN NAME Alice Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT (ADDRESS) Alice Austin
2002 Lafayette

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Elmo Ill. DATE 4/2/32 19.

19. UNDERTAKER (ADDRESS) Wagoner-Catell
2034 Lafayette

20. FILED APR - 1 - 1932 St. Louis Mo. Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/30/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29, 1932, to Mar 30, 1932
I last saw h. alive on Mar. 30, 1932 Death is said to have occurred on the date stated above, at 8:40 A.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Chronic glomerulonephritis 4 yrs
131
930
718 131
Other contributory causes of importance:
Ch. myocarditis
Secondary anemia (severe)

Name of operation..... Date of.....
What test confirmed diagnosis lab 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....., 19.....
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?.....
If so, specify Henry R. Confield M. D.
(Signed) 601 Metropolitan Bldg.
(Address)

508 N. Grand

