

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

Do not use this space.

21507

1. PLACE OF DEATH

County..... Registration District No. *72*
Township..... Primary Registration District No. *21*
City *St. Louis* (No. *3123 Lucas*) St. _____ Ward _____

File No. _____
Registered No. *6074*
St. _____ Ward _____

2. FULL NAME *Eva May Jones*
(a) Residence. No. *3123 Lucas* St. *21* Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *1* yrs. *4* mos. *6* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *2/21/37*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 6

8. OCCUPATION OF DECEASED

- (a) Trade, profession, or particular kind of work
- (b) General nature of industry, business, or establishment in which employed (or employer)
- (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *St. Louis MO.*
(STATE OR COUNTRY)

10. NAME OF FATHER *James Jones*

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

12. MAIDEN NAME OF MOTHER *Willette Urban*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *St. Louis*
(STATE OR COUNTRY)

14. INFORMANT *James Jones*
(Address) *3123 Lucas*

15. FILED *1932* *W. C. Hawley*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 27 1932*

17. I HEREBY CERTIFY, That I attended deceased from *June 26*, 19*32*, to *June 27*, 19*32*, that I last saw *h. e.* alive on *June 27*, 19*32*, and that death occurred, on the date stated above, at *5 P.* m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumo-pneumonia
Primary
107A (duration) yrs. mos. *1* ds.

CONTRIBUTORY (SECONDARY) *107A* (duration) yrs. mos. *1* ds.

18. WHERE WAS DISEASE CONTRACTED *107A*

IF NOT AT PLACE OF DEATH. *0*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *0*

WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS *auscultation and percussion*
(Signed) *John Paul Beauregard*, M. D.

6/28, 19*32* (Address) *31122 Frank Bell Ave.*

*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 *Oakdale Cem* **DATE OF BURIAL** *6/30 1932*

20. UNDERTAKER *Elmer E. Potts* ADDRESS *3030 Bell*

WRITE PLAINLY, WITH NON-FADING 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.

