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

Do not use this space.

33976

File No.

Registered No. 9322

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St Louis Mo No. City Hospital #2 St. ..... Ward)

2. FULL NAME Virginia Jones

(a) Residence, No. 1425 N St., 25 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	Col	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6 - 2 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	36	4	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework

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) Miss

FATHER

13. NAME Joe Hughes

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

MOTHER

15. MAIDEN NAME Malissa Nobles

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

17. INFORMANT (ADDRESS) A Gertrude Creath City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Oct. 23 19 32

19. UNDERTAKER (ADDRESS) W. S. Wade 4202 Finney

20. FILED OCT 20 1932 19 May O Starkey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 19 - 1932

22. I HEREBY CERTIFY, That I attended deceased from 9 - 29 1932, to 10 - 19 1932

I last saw her alive on 10 - 19 1932 Death is said to have occurred on the date stated above, at 2 a.m.

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

	Date of onset
540	
Cerebral Embolism	
Fibroid tumor of Uterus	

Other contributory causes of importance? normally

Operation

Name of operation Hysterectomy Date of 10-6-32

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 ....., 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 .....
(Signed) R. B. Robinson M. D.
(Address) City Hospital #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD