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.

41406

File No. .....

Registered No. 12

96

1. PLACE OF DEATH

County St Louis — Registration District No. 785

Township Bonhomme — Primary Registration District No. 6031

City Kirkwood (No. 500 N. Taylor Ave St. ..... Ward)

2. FULL NAME Matilda Fontaine Jones

(a) Residence, No. 500 N. Taylor Ave St. ..... Ward. (If nonresident, give city or town and State)
(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.

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 Lorraine F. Jones

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13 - 1849

7. AGE — YEARS 83 — MONTHS 9 — DAYS 6 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Ky.

FATHER

13. NAME Edw. F. Berkley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington D. C.

MOTHER

15. MAIDEN NAME Sarah S. Maury

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

17. INFORMANT (ADDRESS) Lorraine F. Jones Jr 507 N. Taylor Ave Kirkwood Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery Dec 20 1932

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo.

20. FILED 12/19 1932 C E Barnett MD Registrar.

MEDICAL CERTIFICATE OF DEATH

4

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

22. I HEREBY CERTIFY, That I attended deceased from Dec - 24, 1922, to Dec - 18, 1932

I last saw her alive on Dec - 18, 1932 Death is said to have occurred on the date stated above, at 11.30 a.m.

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

	Date of onset
1. Oedema of Lungs.	12-17/32
2. Cardiac Dilatation	
131	
95 B	
111 B	

Other contributory causes of importance:

1. Heart Hypertrophied
2. Nephritis Chronic
3. Oedema general

(1)

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 ....., 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? no

If so, specify .....

(Signed) J. Lee H Armstrong, M. D.

(Address) 321 N. Kirkwood Road Kirkwood Mo.