

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.

42247

1. PLACE OF DEATH

County Registration District No. 17321
 Township Primary Registration District No. 17321
 City St. Louis, Mo. (No. Masonic Sanitarium)

File No.
 Registered No. 11377
 St. Ward

2. FULL NAME

Mrs. Eliza V. Jones Jones
 (a) Residence, No. 5351 Delmar, St. 12 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 13 yrs. 9 mos. 7 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lewis W. Jones</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 3 - 1853</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>
		DAYS <u>18</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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) Washington Co. Mo.

13. NAME Thos. Beechler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co. Mo.

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

17. INFORMANT Hilmoth Wallery
 (ADDRESS) 5351 Delmar, City

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Valhalla DATE Dec 23 1932

19. UNDERTAKER Allegiance
 (ADDRESS) 617 5th St. St. Louis

20. FILED DEC 22 1932 May C. Parker
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11, 1932 to Dec. 21, 1932

I last saw h. ex. alive on Dec. 21, 1932 Death is said to have occurred on the date stated above, at 10 A. m.

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

Acute Cardiac Dilatation Date of onset 2 days

43C
4.50
930

Other contributory causes of importance:
Chronic Myocarditis 1 yr

Name of operation Date of
 What test confirmed diagnosis? Thy. Ex. Was there an autopsy? no

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 (1)

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Dolan Cameron, M. D.

(Address) 508 N. Grand

