

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **13**
City **St. Louis** (No. **2969a Easton**)

24946
File No.
Registered No. **6363**
St. Ward)

2. FULL NAME *Johanna Jones*

(a) Residence, No. **2969a Easton** St. **21** Ward.

(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 <i>female</i> | 4. COLOR OR RACE <i>col</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>George Jones</i> | | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 16-1905</i> | | |
| 7. AGE | YEARS <i>27</i> | MONTHS <i>7</i> | DAYS <i>-</i> | If LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i> | | | |
| | 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) <i>La</i> | | | | |
| FATHER | 13. NAME <i>Glass Smith</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La</i> | | | |
| MOTHER | 15. MAIDEN NAME <i>Maggie Moore</i> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>La</i> | | | |
| 17. INFORMANT <i>George Jones</i> (ADDRESS) <i>2969a Easton</i> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <i>West Point Miss</i> DATE <i>July 22 1935</i> | | | | |
| 19. UNDERTAKER <i>Remert - Son</i> (ADDRESS) <i>2700 Wash</i> | | | | |
| 20. FILED <i>719</i> <i>J. F. Bredeck</i> Registrar. | | | | |

MEDICAL CERTIFICATE OF DEATH

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 11 1935*

22. I HEREBY CERTIFY, that the deceased passed from *1000 E. 13th St. St. Louis 35* on *Nov 11 1935* I last saw him alive on *Nov 3 1935* Death is said to have occurred on the date stated above, at *St. Louis* The principal cause of death and related causes of importance were as follows:
neural stenosis
99A
99A

Other contributory causes of importance:

Name of operation *Physical exam* Date of *Nov 11 1935*
What test confirmed diagnosis *Physical exam* 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 *Coal Miner*
(Signed) *W. F. Feal* M. D.
(Address) *2740 Wash*

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.

AGE 26 3/4

2 3 2 2 2

WRITE PLAINLY, IN CAPITAL LETTERS

