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.

SEP 26 1933

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

Do not use this space.

27429

File No. .....

Registered No. 148

1. PLACE OF DEATH

County St Charles — Registration District No. 757

Township ..... — Primary Registration District No. 3036

City St Charles (No. 1517, N. 4th St. Ward) St. Fourth Ward

2. FULL NAME Ethenigene Jones

(a) Residence, No. 1517 N. 4th St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 0 yrs. 6 mos. 16 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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jany 26-1933

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
—	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) St Charles (STATE OR COUNTRY) Mo

FATHER

13. NAME Jesse Jones

14. BIRTHPLACE (CITY OR TOWN) Warrenton (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Mary Curtis

16. BIRTHPLACE (CITY OR TOWN) St Charles (STATE OR COUNTRY) Mo

17. INFORMANT Jesse Jones (ADDRESS) 1517 N. 4th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove DATE Aug 14, 1933

19. UNDERTAKER [illegible] & Sons Co (ADDRESS) [illegible] St Charles Mo

20. FILED 8/16/33 Florence M. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 11, 1933, to Aug 11, 1933

I last saw he alive on Aug 11, 1933. Death is said to have occurred on the date stated above, at ..... m.

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

	Date of onset
Whooping Cough	about Aug 1 1933
?	
?	
Bronchopneumonia	about Aug 10 1933

Other contributory causes of importance

Name of operation None Date of —

What test confirmed diagnosis? [illegible] Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None 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, [illegible]

[illegible] Will L. Freeman, M. D.

[illegible] St Charles Mo.