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

Do not use this space.

34277

File No.

Registered No.

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 784

Township St. Ferdinand — Primary Registration District No. 6030

City Ferguson Mo. (No. 103 Wesley Ave. St. Ward)

2. FULL NAME Adda Jones Jessup

(a) Residence, No. 103 Wesley Ave. St., 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: 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 George H. Jessup

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 23, 1857

7. AGE: Years 76 | Months 0 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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

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) Newton Iowa

FATHER

13. NAME Alonzo Jones.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Kentucky

MOTHER

15. MAIDEN NAME Mary Jane ?

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

17. INFORMANT (ADDRESS) Mrs Emma Harris 103 Wesley ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE Oct. 16, 1933

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Jr. 5966 Easton ave.

20. FILED 10-16, 1933 Emma J. Harris Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932 to Oct. 14, 1933

I last saw her alive on Oct. 14, 1933 Death is said to have occurred on the date stated above, at 2:30 P. m.

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

	Date of onset
Mucus Colitis	11/1/32
NDB	
Ill.	

Other contributory causes of importance:

General Debility

Name of operation Date of

What test confirmed diagnosis? yes 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

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) C. Pierce Johnson D.O., M. D.

(Address) 16 Church St. Ferguson Mo

NOV 10 1933

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

MARGIN RESERVED FOR BINDING

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.

U. S. No. 2

Dr. E. V. Schmidt
16 Church St.
9.30 to 11.30 am