

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

Do not use this space.

31661

SEP 15 1934

834

1. PLACE OF DEATH

County St. Louis Registration District No. 660
 Township New Center Primary Registration District No. 6102
 City (No. 111) St. St. Louis Ward 44

2. FULL NAME

Bernice Jones

(a) Residence, No. 1 St. St. Louis Ward 44
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 17 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 13, 1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (or) WIFE OF Sylvester Jones

22. I HEREBY CERTIFY, That I attended deceased from Aug 10, 1934, to Aug 13, 1934

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1913

I last saw her alive on Aug 13, 1934 Death is said to have occurred on the date stated above, at 7:30 P m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
21 1 7

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

Pulmonary Tuberculosis Date of onset 23A

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.

10. Date deceased last worked at this occupation (month and year) June 1934 11. Total time (years) spent in this occupation

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Dora Hicks

Name of operation Date of

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Uniontown

What test confirmed diagnosis? no Was there an autopsy? no

15. MAIDEN NAME Myrtle Slippie

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19

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

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Sylvester Jones

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE 21/8/34

Nature of injury

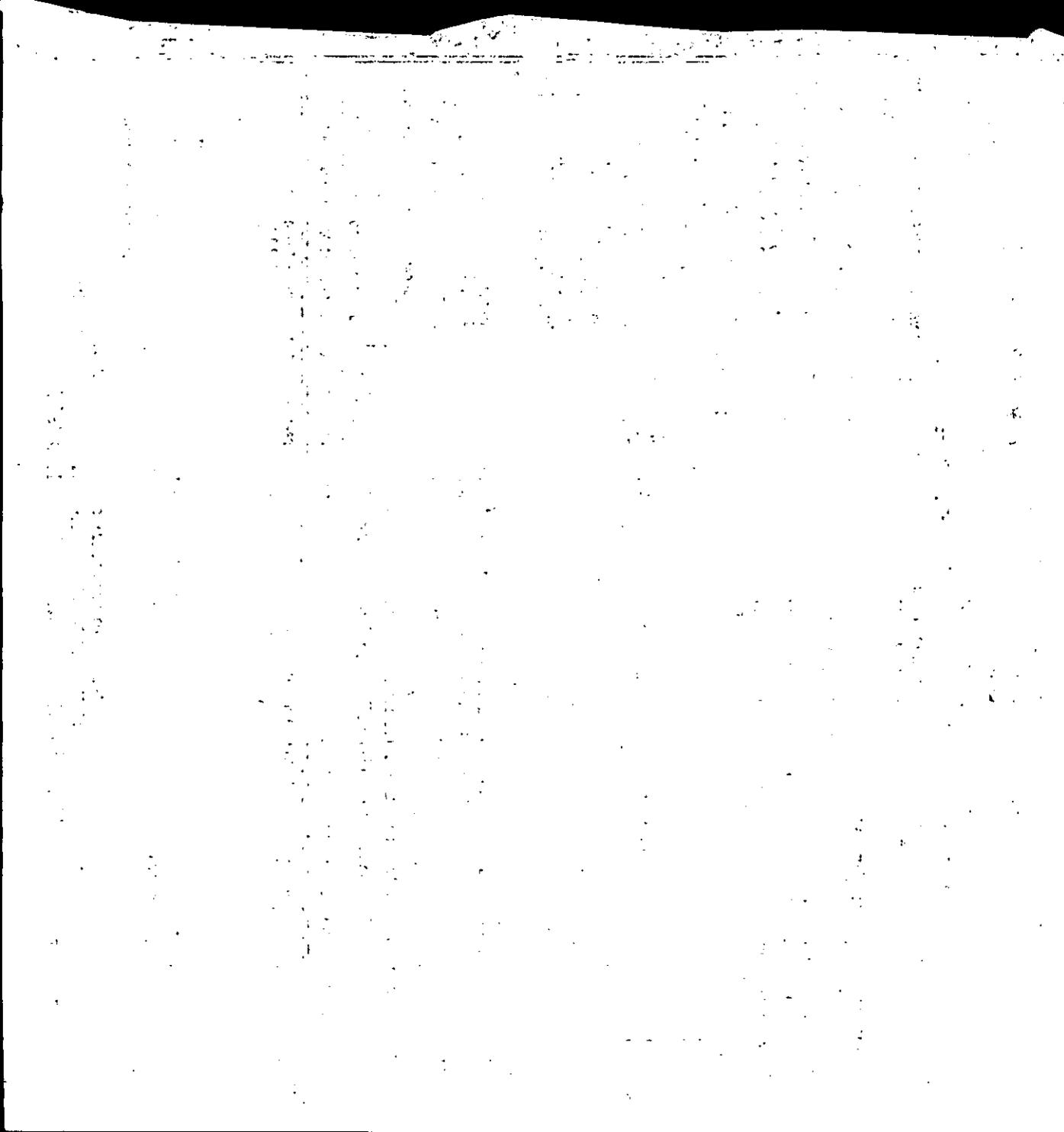
19. UNDERTAKER (ADDRESS) St. Ann's and Co

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

20. FILED 7-14 1934 E. L. Hope Registrar.

If so, specify

(Signed) E. L. Hope, M. D.
 (Address) St. Louis, Mo.



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