

DEC 13 1934

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

Do not use this space.

40904

1. PLACE OF DEATH

County Registration District No. **791 61**
Township Primary Registration District No. **1003**
City **St. Louis** (No.), **Sanatorium** St. Ward)

File No.
Registered No. **10848**

2. FULL NAME

Edeline Jones
(a) Residence, No. **City Jefferson** St. **13** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **86** 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 **colored**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Edw. Jones**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10, 1872**
7. AGE YEARS **111** MONTHS **4** DAYS **2** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Housework**
10. Date deceased last worked at this occupation (month and year) **March 1919** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **Florida**

13. NAME **Bob White**

14. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Anna White**

16. BIRTHPLACE (CITY OR TOWN) **unknown** (STATE OR COUNTRY) **unknown**

17. INFORMANT **B. M. Murphy** (ADDRESS) **5700 Grand Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CALVARY** (EM. DATE) **11/13**

19. UNDERTAKER **A. Russell and Co** (ADDRESS) **2732 Olive St**

20. FILED **107 17 1384** 19 **J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-12-1934**

I HEREBY CERTIFY, That I attended deceased from **July 1** to **November 12, 1934**
I last saw **her** alive on **November 12, 1934** Death is said to have occurred on the date stated above, at **7:00 A.M.**
The principal cause of death and related causes of importance were as follows:

1. **Chronic Myocarditis** Date of onset **9-25-1925**
age 62
12-12-1934
Other contributory causes of importance:
Senility

Name of operation Date of
What test confirmed diagnosis? 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? **No**
If so, specify **B. M. Murphy** (Signed) M. D.
(Address) **City Sanatoriums**
St. Louis Mo.

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.

