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.

APR 9 1935

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

Do not use this space.

11042

File No. 2672

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis Mo (No. En Route City Hospital #2 St. Ward)

2. FULL NAME Minnie Jones

(a) Residence, No. 3177 N. 20th St. St., 21 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15th 1897

7. AGE: Years 37 | Months 6 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) Enterprise Miss.

FATHER

13. NAME Mr — Johnson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enterprise Miss

MOTHER

15. MAIDEN NAME Lucy Smith

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Enterprise Miss.

17. INFORMANT Sam Jones
(ADDRESS) 3177 N Channing Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 3-22-35, 19

19. UNDERTAKER Garner & Love Undertaking Co.
(ADDRESS) 3103 Washington Blvd.

20. FILED MAR 22 1935, 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 18, 1935

22. I (Physician in attendance) HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:50 a.m.

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

	Date of onset
Gunshot Wound of Lung	
Heart and Lungs	

Other contributory causes of importance: Homicide

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

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

Accident, suicide, or homicide? Hom. Date of injury 3/18, 1935

Where did injury occur? St Louis Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Shot by Person

Nature of injury Gunshot Wound of Lung

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

If so, specify .....

(Signed) Harold Phillips, M. D.

(Address) Dispatch 3/19/35