

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.

JUN 28 1935

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Central  
City Vinita Park (No. 8211 Jefferson)

Registration District No. 789  
Primary Registration District No. 6033

File No. 117692  
Registered No. 144  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Maude L. Jones.

(a) Residence, No. 8211 Jefferson St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writhe the word*) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C.S. Jones  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/22/1869  
7. AGE YEARS 65 MONTHS 5 DAYS 5 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) Monticello (STATE OR COUNTRY) Miss.

MOTHER 13. NAME Jno. T. Lamkin

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

15. MAIDEN NAME Isabelle Terenison

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

17. INFORMANT (ADDRESS) Augusta H. Jones  
8211 Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove. DATE 5/29/35 19

19. UNDERTAKER (ADDRESS) Wanda Jones  
6175 Delmar Blvd.

20. FILED 5-27- 19 35 H. C. Boehmer  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27 1935  
22. I HEREBY CERTIFY, That I attended deceased from April 13 1935, to May 27 1935.  
I last saw him alive on May 28 1935. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Meningitis  
151  
Other contributory causes of importance:  
Chrom. Typhus  
Chrom. Malaria  
Artis. Ulcus

Name of operation Cremat. Int. Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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? No  
If so, specify \_\_\_\_\_  
(Signed) Harry H. Meyer M. D.  
(Address) 49.03 Delmar

