

JUN 21 1935

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

Do not use this space.

18498

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City..... ST. LOUIS No.

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence, No. Edgar Jones 3946 Pine 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 male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-14-1895

7. AGE YEARS 39 MONTHS 7 DAYS 15 If LESS than 1 day, hrs. or min.

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

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

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) Ark.

13. NAME E. Jones

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

15. MAIDEN NAME Caroline Ragling

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

17. INFORMANT (ADDRESS) Stella Brady 5600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Cemetery DATE Jun 4 1935

19. UNDERTAKER (ADDRESS) Muller & Barber 3064 Thomas

20. FILED JUN - 3 - 1935 Bredesk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1935

22. I HEREBY CERTIFY, That I attended deceased from

May 24, 1935, to May 29, 1935

I last saw him alive on May 29, 1935. Death is said

to have occurred on the date stated above, at 3:55 P. m.

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

Meningococcus meningitidis

Date of onset

May 21, 1935

Other contributory causes of importance:

Chlor. typhoides

Name of operation none Date of

What test confirmed diagnosis? Culture 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

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) Henry J. White, M. D.

(Address) 56 St. Arsenal Sanitation Dept

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.

