

JUN 28 1935

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

Do not use this space.

18580

1. PLACE OF DEATH

County St. Louis County Registration District No. 1160
Township Central Primary Registration District No. 4470
City University City (No. 6316, Pershing Ave.) St. _____ Ward _____

File No. _____
Registered No. 51
St. _____ Ward _____

2. FULL NAME

HATTIE SENTER JONES

(a) Residence, No. 6316 Pershing Ave. St. 1st Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24, 1858.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>77</u>		<u>21</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Trenton
(STATE OR COUNTRY) Tennessee

13. NAME William Marshall Senter

14. BIRTHPLACE (CITY OR TOWN) Henderson Co.
(STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Luce, Jane Wilkins

16. BIRTHPLACE (CITY OR TOWN) Gibson Co.
(STATE OR COUNTRY) Tennessee

17. INFORMANT Wilkins Jones
(ADDRESS) 4965 McPherson Ave St Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellevue Cemetery DATE May 16, 1935

19. UNDERTAKER Wagoner Undertaking Co.
(ADDRESS) 3620 Olive St

20. FILED May 16, 1935 Lena V. Moeller
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-15, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 11, 1935 to May 14, 1935
I last saw her alive on May 14, 1935. Death is said to have occurred on the date stated above, at 12:55 pm.

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

Other contributory causes of importance:
Chronic Bronchitis
Cardiac Dilatation

Name of operation _____ 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) F. Peters M. D.
(Address) University City, 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.

22 55 92

The following information was obtained from the records of the
 Department of the Interior, Bureau of Land Management, on the
 subject of the above-captioned tract of land.

The tract of land described in the above-captioned instrument
 is situated in the County of [County Name], State of [State Name],
 and is more particularly described as follows:

[Detailed description of the land tract, including acreage, location, and any relevant survey information.]

The above-described tract of land is owned by [Owner Name],
 who is the holder of the title to the same.

The above-captioned instrument was duly recorded in the
 office of the County Clerk of the County of [County Name],
 State of [State Name], on the [Date] day of [Month], 19[Year].

The above-captioned instrument is a true and correct copy
 of the original instrument as the same appears in the
 records of the County Clerk of the County of [County Name],
 State of [State Name].

In testimony whereof, the County Clerk of the County of [County Name],
 State of [State Name], has hereunto set his hand and the
 seal of said County at [City/Town], State of [State Name],
 this [Date] day of [Month], 19[Year].

[Signature of County Clerk]