AUG 23 1935

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

Do not use this space.

File No. 24318

Registered No. 215

1. PLACE OF DEATH
County St Louis
Township
City Clayton (No. St. Ward)
Registration District No. 790
Primary Registration District No. 6033a
St. Louis County Hospital

2. FULL NAME James Jarrett,
(a) Residence, No. 1615 Hanley Rd. St., Ward.
(Usual place of abode) Richmond Hts. (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): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16 1902

7. AGE: Years 33 Months 6 Days 8 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Usa ?

FATHER
13. NAME unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Usa ?

MOTHER
15. MAIDEN NAME Alice ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Leatha Jarrett 1615 Hanley Rd St Louis Co

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickon DATE 7-27- 193

19. UNDERTAKER (ADDRESS) J. Lewis Lively Grove

20. FILED 7/27 1935 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/24/1935, 19

22. I 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 3:58 AM
The principal cause of death and related causes of importance were as follows: Date of onset
Auto accident, while driving own Ford truck, history of driving at a terrific speed, left curve of the road and turned over three times. Was crushed under his own truck. Died at St. Louis County hospital. Injuries: Crushing of chest, multiple punctured and crushing of rt. lung, caused by
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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? .....
If so, specify .....
(Signed) [illegible] 7/24/35, M. D.
(Address) 3718 Jennings Rd, Normandy St Louis Co, Mo

OVER

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

ribs puncturing lungs.
Secondary; Hemorrhage and shock.

Accident at Alabama and Bruno, St.
Louis County, Mo.