

OCT 2 2 1935

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

Do not use this space.

29632

1. PLACE OF DEATH

County Jackson
Township East
City W.C.M. (No. 827 10th)

Registration District No. 325
Primary Registration District No. 10

File No. 3840
Registered No. 3840
St. Ward

2. FULL NAME Mrs Iuka Johnson Jones

(a) Residence, No. 827 East 10th St. St. 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

MEDICAL CERTIFICATE OF DEATH

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

John Jones

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

June 30th, 1888

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

51213

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

Domestic

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)

Tenn

13. NAME

Charles Graham

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

Tenn

15. MAIDEN NAME

Judith Graham

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

Tenn

17. INFORMANT

James Johnson

(ADDRESS)

3216 Mahan

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Highland Cem

DATE

9-21-35

19. UNDERTAKER

H. D. Moore

(ADDRESS)

1020 East 10th St

20. FILED

Sept 20, 1935M. M. Lerow

Registrar.

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

9.-19-35

22. I HEREBY CERTIFY, That I attended deceased from

Aug 25, 1935, to Sept 18, 1935I last saw her alive on Sept 17, 1935. Death is saidto have occurred on the date stated above, at 5:30 a.m.

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

Date of onset

Chronic Valvular Heart Disease

Other contributory causes of importance:

Acute Congestion of Lungs.Name of operation none Date of —What test confirmed diagnosis? Fluorescent 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? —If so, specify —(Signed) Lon. M. Tillman, M. D.(Address) 1618 Lydia Ave.

IC 2 mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1618 Lydia Ave

Gr 3181