

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.

JAN 23 1936

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

Do not use this space.

41504

1. PLACE OF DEATH St. Mary's Infirmary
 County..... Registration District No. 791
 Township..... Primary Registration District No. 791
 City St. Louis, Mo. (No. 1536), Papin 10ND3
 File No. 10808
 Registered No. 10808
 St. Ward)

2. FULL NAME Lillie Jones
 (a) Residence, No. 1106 rear Hadley St. 25 Ward. (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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3, 1871

7. AGE YEARS 64 MONTHS 9 DAYS X 12 If LESS than 1 day, hrs. or min.

OCCUPATION

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

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) St. Louis (STATE OR COUNTRY) Missouri

FATHER

13. NAME Flarvey Patterson

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

MOTHER

15. MAIDEN NAME Amanda unknown

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

17. INFORMANT Cabell Heaville (ADDRESS) 5420 Aldine

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's place DATE Dec 21, 1935

19. UNDERTAKER A. J. Redmond Co (ADDRESS) 2720 Busan

20. FILED DEC 21 1935 J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from December 9, 1935 to December 15, 1935
 I last saw her alive on December 15, 1935. Death is said to have occurred on the date stated above, at 11:50 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
arteriosclerosis
 Date of onset

Other contributory causes of importance: Senility

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?.....
 If so, specify James E. Jackson, M. D.
 (Signed) James E. Jackson (Address) 1536 Papin

